

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000102219

1. Entity Name  
TRUEIRA ENTERPRISES, INC.



FILED  
Apr 26, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
140 MALLET BAYOU DR  
FREEPORT, FL 32439

Mailing Address  
140 MALLET BAYOU DR  
FREEPORT, FL 32439



DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3479350 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TRUEIRA, SCOTT K  
140 MALLET BAYOU DR  
FREEPORT, FL 32439

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000132784  
04/27/04-80060-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUEIRA, SCOTT K
STREET ADDRESS	136 MARKELLA RD.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott K Trueira Scott K Trueira 23 Apr 04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #