

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038774

Entity Name: EAST DAVIE COMPANY

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

3716 SW 64 AVE  
DAVIE, FL 33314

## New Principal Place of Business:

5220 S. UNIVERSITY DRIVE  
SUITE 210  
DAVIE, FL 33328

## Current Mailing Address:

PO BOX 291671  
DAVIE, FL 33329

## New Mailing Address:

P.O. BOX 291655  
DAVIE, FL 33329

FEI Number: 65-0835818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRUEX, THOMAS A  
3716 SW 64 AVE  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

TRUEX, THOMAS A  
5220 S. UNIVERSITY DRIVE  
SUITE 210  
DAVIE, FL 33328 US

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.

SIGNATURE: THOMAS A. TRUEX

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TRUEX, THOMAS A  
Address: 3716 SW 64 AVE  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRUEX, THOMAS A  
Address: 5220 S. UNIVERSITY DRIVE, SUITE 210  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. TRUEX

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date