

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000038774

Entity Name: EAST DAVIE COMPANY

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5220 S. UNIVERSITY DRIVE  
SUITE 210  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291655  
DAVIE, FL 33329

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: TRUEX, JANET  
Address: 5220 S. UNIVERSITY DRIVE, SUITE 210  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. TRUEX

D

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date