


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90557 015 ***150.00

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DOCUMENT # F94000001364					
1. Entity Name MICKEY TRUCK BODIES, INC.					
Principal Place of Business 1305 TRINITY AVENUE HIGH POINT, NC 27260 US			Mailing Address P.O. BOX 2044 HIGH POINT, NC 27261		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANUEL, BADELY R 601 NW 24TH CT OCALA, FL 34475				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINK, H. DEAN		NAME	MCLAUGHLIN, GREGORY P	
STREET ADDRESS	5251 RIVER RD.		STREET ADDRESS	3933 BRANDYWINE ST	
CITY-ST-ZIP	JAMESTOWN, NC 27282		CITY-ST-ZIP	HIGH POINT, NC 27265	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPP, KENT H		NAME	HIATT, JAMES R	
STREET ADDRESS	6820 COLONIAL CLUB ROAD		STREET ADDRESS	1685 WALLBURG-HIGH POINT RD	
CITY-ST-ZIP	THOMASVILLE, NC 27360		CITY-ST-ZIP	HIGH POINT, NC 27265	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILDRESS, WAYNE		NAME	FISHER, GREGORY A	
STREET ADDRESS	1771 SOUTHPOINT LANE		STREET ADDRESS	3400 TERRAULT DR	
CITY-ST-ZIP	NEWLONDON, NC 28127		CITY-ST-ZIP	GREENSBORO, NC 27410	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, LISA F		NAME	CARTER, TIMOTHY G	
STREET ADDRESS	4070 KENNEDY ROAD		STREET ADDRESS	1113 MAPLEWOOD AVE	
CITY-ST-ZIP	THOMASVILLE, NC 27360		CITY-ST-ZIP	HIGH POINT, NC 27265	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKEY, CARL F SR		NAME	BROWN, WILLIAM S	
STREET ADDRESS	P.O. BOX 2044		STREET ADDRESS	503 WOODLAND RD	
CITY-ST-ZIP	HIGH POINT, NC 27261		CITY-ST-ZIP	HENDERSON, NC 27536	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKEY, CARL F JR		NAME	MARTIN, CHARLES R	
STREET ADDRESS	6340 MENDENHALL ROAD		STREET ADDRESS	3620 WESTFIELD	
CITY-ST-ZIP	ARCHDALE, NC 27263		CITY-ST-ZIP	HIGH POINT, NC 27260	
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: <u>Timothy G. Carter</u>				TIMOTHY G. CARTER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				(936) 882-6806	
				Daytime Phone #	