

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000027386

1. Entity Name
CAPITAL TRUCK, INC.



Principal Place of Business
**4740 BLOUNTSTOWN HWY.
TALLAHASSEE, FL 32304**

Mailing Address
**PO BOX 6328
TALLAHASSEE, FL 32314**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3705852

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**PITTS, MICHAEL J
4740 BLOUNTSTOWN HWY.
TALLAHASSEE, FL 32304**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000774958
01/08/08-80009-013 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT THOMAS, MARK A 4740 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS PITTS, MICHAEL J 4740 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J PITTS

Date

JAN 4, 2008 850 558655

Daytime Phone #