

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043745

FILED
Jan 13, 2007
Secretary of State

Entity Name: CHAD'S TRUCK REPAIR INC

Current Principal Place of Business:

3596 US HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

3596 US HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 20-0830099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, LOYCE A
3596 US HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCKE, LOYCE A
Address: 512 ATES RANCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: LOCKE, MAYE E
Address: 512 ATES RANCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S () Delete
Name: LOCKE, LOYCE A
Address: 512 ATES RANCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: LOCKE, MAYE E
Address: 512 ATES RANCH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOYCE LOCKE

P

01/13/2007

Electronic Signature of Signing Officer or Director

Date