2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2004 08:00 AM Secretary of State DOCUMENT # M71673 GENTRY BROTHERS TRUCK SALES, INC. Principal Place of Business Mailing Address 8408 HWY 301 N 8408 HWY 301 N **TAMPA, FL 33637 TAMPA, FL 33637** 07222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-2873562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GENTRY, GARY DO NOT WRITE 8408 HWY 301 N **TAMPA, FL 33637** 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 Signature, typed or printed name of registered agent and falls if applicable (NOTE Registered Agent signature required when reflighting) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS DΡ THE GENTRY, GARY NAME U00000169162 08/02/04-80013-007 150.00 STREET ACORESS 8408 HWY 301 N TAMPA, FL CSTY-ST-ZIP OVP FIFLE GENTRY, VIOLA NAME STREET ADDRESS 8408 HWY 301 N City-SI-DP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-782 IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

12. I hereby certify that the indicated on this report of the corporation or the changed, of on an attac rajormation supplied with this filing does not guality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information of supplemental paper 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 trustipe emproyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED