2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 02, 2005 8:00 am Secretary of State **DOCUMENT # 188173** 1. Entity Name 08-02-2005 90037 012 ***158.75 COMMERCIAL TRUCK BROKERS INCORPORATED Principal Place of Business Mailing Address 1025 US HIGHWAY 27 NORTH P.O. BOX 397 1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITYA FL 33845-7397 HAINES CITYA FL 33845-7397 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 35647 US HWY 27 NORTH P.O. BOX 397 City & State City & State Applied For 4. FEI Number 59-0751707 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 又 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARTON, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 50 PINE FOREST DR HAINES CITY FL 33844 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition NAME BRADBURY, LORRAINE NAME STREET ADDRESS 61 E. LAKE DRIVE STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CHTY-ST-ZIP TITLE PD TITLE ☐ Delete Change Addition PDST NAME PARTON, JEFF NAME JEFF PARTON STREET ADDRESS 50 PINE FOREST DRIVE STREET ADDRESS 50 PINE FOREST DRIVE CITY-ST-ZIP HAINES CITY FL CITY-ST-ZIP HAINES CITY, FL 33844 irite VD ☐ Delete TITLE ☐ Change ☐ Addition NAME PARTON, RICKY NAME STREET ADDRESS STREET ADDRESS PARTON RANCH ROAD CITY-ST-ZIP LAKE HAMILTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PARTON 7/27

FILED

ATTACHMENT <u>SOOS9453</u> # 188173

COMMERCIAL TRUCK BROKERS, INC.

P.O. Box 397 Haines City, FL 33845-0397

JULY 27,2005

TO: DIVISION OF CORPORATIONS

OUR SECRETARY & TREASURER MS. LORRAINE BRADBURY SUFFERED A STROKE LAST YEAR. SHE HANDLED THE FILINGS FOR THE COMPANY AND IS NO LONGER ABLE TO FULFILL HER DUTIES.

WE DID NOT RECEIVE A NOTICE UNTIL JULY TO GET THE FORM FOR FILING. PLEASE ACCEPT IT LATE THIS TIME. WE WILL TRY TO MAKE SURE IT IS FILED ON TIME IN THE FUTURE.

THANK YOU

JEFF PARTON