


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 188173
 1. Entity Name
COMMERCIAL TRUCK BROKERS INCORPORATED



Principal Place of Business: **35647 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397**
 Mailing Address: **1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397**



2. Principal Place of Business
 3. Mailing Address
P.O. BOX 397

Suite, Apt. #, etc.

City & State
HAINES CITY, FL

Zip: **33845** Country: **FLORIDA**

1st MOORE CR2E034 (10/05)
 4. FEI Number **59-0751707** Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PARTON, JEFFREY D
 50 PINE FOREST DR
 HAINES CITY FL 33844**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PARTON, JEFF 50 PINE FOREST DRIVE HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 188173 02/20/06 80040-025 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARTON, RICKY PARTON RANCH ROAD LAKE HAMILTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowers.

SIGNATURE: Jeffrey D. Parton 2/22/2006 807/420-47