

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 004 ***158.75

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 - No P.O. Box #

3. Mailing Address

P.O. BOX 397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HAINES CITY, FL

Zip

Country

Zip

33845

Country

POLK

4. FEI Number

59-0751707

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARTON, JEFFREY D

50 PINE FOREST DR

HAINES CITY FL 33844

Name

JEFFREY D. PARTON

Street Address (P.O. Box Number is Not Acceptable)

3234 PARTON RANCH ROAD

City

LAKE HAMILTON

FL

Zip Code

33851

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete
NAME **PARTON, JEFF**
STREET ADDRESS **50 PINE FOREST DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD** ☐ Delete
NAME **PARTON, RICKY**
STREET ADDRESS **PARTON RANCH ROAD**
CITY-ST-ZIP **LAKE HAMILTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Change ☐ Addition
NAME **JEFFREY D. PARTON**
STREET ADDRESS **3234 PARTON RANCH ROAD**
CITY-ST-ZIP **LAKE HAMILTON, FL 33851** ☐ Change ☐ Addition

TITLE **VDS**
NAME **RICKY PARTON**
STREET ADDRESS **3295 PARTON RANCH ROAD** ☐ Change ☐ Addition
CITY-ST-ZIP **LAKE HAMILTON, FL 33851**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY D. PARTON

4/10/2007

863/422-4995

Date

Daytime Phone #