

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90005 012 ***550.00

DOCUMENT # 254856

1. Entity Name
WEST FLORIDA TRUCK BROKERS INC



Principal Place of Business: 3820 COLONIAL BLVD. #102 FORT MYERS, FL 33912 US
 Mailing Address: 3820 COLONIAL BLVD. #102 FORT MYERS, FL 33912 US

50053640



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State: City & State
 Zip: Country Zip: Country

4. FEI Number: **59-0954894**
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRUITT, WILLIAM KEVIN
5500-4 DIVISION DRIVE
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable): **3820 Colonial Blvd #102**
 City: **Ft Myers** FL Zip Code: **33912**

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]* DATE: **6/13/05**
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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PC NAME: ANTHONY CARL ALVAREZ STREET ADDRESS: 5500-4 DIVISION DR CITY-ST-ZIP: FORT MYERS, FL 33905	<input type="checkbox"/> Delete
TITLE: VDS NAME: CAROLYN A POWELL STREET ADDRESS: 5500-4 DIVISION DR CITY-ST-ZIP: FORT MYERS, FL 33905	<input type="checkbox"/> Delete
TITLE: CEO NAME: PRUITT, WILLIAM KEVIN STREET ADDRESS: 5500-4 DIVISION DR CITY-ST-ZIP: FORT MYERS, FL 33905	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 3820 Colonial Blvd #102 Ft Myers FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 3820 Colonial Blvd #102 Ft Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 3820 Colonial Blvd #102 Ft Myers FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE: **6/13/05** DAYTIME PHONE #: **239-693-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #