2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

S. Certificate of Status Desired S. Status Desired S. Certificate of St	DOCUMENT # 307154 1. Entity Name HALL TRUCK SALES, INC.								
DO NOT WRITE IN THIS SPACE A FEI Number S9-1173645 No. ChgP CR26034 (11/05)	6021 ADAM	O DR.	6021 ADAMO DR.						
HALL ROBERT 6021 ADAMO DR. TAMPA, FL 33619 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent. SIGNATURE FILE NOWINI FEE IS \$150,00 After May 1, 2008 Fee will be \$550,00 PD					01262008 4. FEI Numb 59-117	No Chg-P Der 73645	CR2E034	(11/05) Applied For Not Applicable	
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 THE PD HALL, ROBERT H STREET ADDRESS TOTE STAP NAME STREET ADDRESS TOTE STAP NAME NAME NAME NAME NAME NAME NAME NAME	6021 ADA	BERT MO DR.	egratered Agent		· · · · · · · · · · · · · · · · · · ·				
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE T	SIGNATURE								
TITLE	FIL After M	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00							
NAME SIRECT ADDRESS CITY-ST-ZIP TILLE NAME SIRECT ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TILLE NAME SIRECT ADDRESS CITY-ST-ZIP TILLE NAME	TITLE NAME STREET ADDRESS	PD HALL, ROBERT H 22 SANDPIPER RD.	IRECTORS						
MAME STRELT ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME	NAME STREET ADDRESS	ROBERT H. HALL JR. 209 TREASURE DRIVE TAMPA, FL 33609				U00000 02/15/06-)419994 -80029-0.	20 150.00	
STREET ADDRESS CTTY - ST - ZIP TILLE NAME STREET ADDRESS CTTY - ST - ZIP TITLE NAME	NAME STREET ADDRESS CHY-S1-ZIP	HALL, JUDITH M 22 SANDPIPER RD.		_					
NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME	Hame Street address		;		IN .	THIS SF	PACE		
NAME	NAME STREET ADDRESS								
smetr Address city-st-zir 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 path; that I am an officer or disector of the content o	NAME STREET ADDRESS CITY-S1-ZIP	ertify, that the information supplied with th	als filling does not qualify for the e	exemptions contained	in Chapter 119	9, Florida Statutes. I	further certify (hat the information	