2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 349904

1. Entity Name
TRUCK TRAN, INC.

Principal Place of Business	Mailing Address
510 W THORPE RD ORLANDO, FL 32824 US	PO BOX 593865 ORLANDO, FL 32859-3865 US

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1277611	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUZZO, JOHN D
6500 S US HIGHWAY 17-92
FERN PARK, FL 32730

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	REETZ, JOHN
STREET ADDRESS	2710 LOCUST STR
CITY-ST-ZIP	NASHVILLE, TN 37207
TITLE	VTS
NAME	PETERSON, LEROY C.
STREET ADDRESS	5118 SAINT MICHAEL
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	M
NAME	NOBLE, JAMES R
STREET ADDRESS	2908 PINE AVENUE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000553067
05/15/06-80037-011 150.00

DO NOT WRITE IN THIS SPACE

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 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: X _____   _____   X_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #