


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 349904</b> 1. Entity Name TRUCK TRAN, INC.		
Principal Place of Business 510 W THORPE RD ORLANDO, FL 32824 US	Mailing Address PO BOX 593865 ORLANDO, FL 32859-3865 US	



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1277611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

U000000744976  
05/16/07-80010-015 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #