

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 519048

1. Entity Name
HERB DANIEL TRUCK & AUTO CENTER, INC.



Principal Place of Business
**486N. WASHINGTON AVE.
TITUSVILLE, FL 32796**

Mailing Address
**486N. WASHINGTON AVE.
TITUSVILLE, FL 32796**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1143328** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL, AMMIE G
3430 KILMARNOCH LANE
TITUSVILLE, FL 32780**

**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, 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	PT
NAME	DANIEL, LEEBERT J.
STREET ADDRESS	486 N. WASHINGTON AVENUE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	V
NAME	DANIEL, CHARLES A.
STREET ADDRESS	3430 KILMARNOCH LANE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	DANIEL, AMMIE G.
STREET ADDRESS	3430 KILMARNOCH LANE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80061-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ammie G. Daniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMMIE G. DANIEL

Date

Daytime Phone #

1-20-05 321-269-7450