

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524708

FILED
Apr 06, 2009
Secretary of State

Entity Name: RALPH MYRICK TRUCK BROKER INC.

Current Principal Place of Business:

851 NE 8TH CT
PO BOX 2091
POMPANO BCH, FL 33061

New Principal Place of Business:

851 NE 8TH CT
POMPANO BCH, FL 33061

Current Mailing Address:

851 NE 8TH CT
PO BOX 2091
POMPANO BCH, FL 33061

New Mailing Address:

851 NE 8TH CT
POMPANO BCH, FL 33061

FEI Number: 59-1721968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRICK, EDWARD L.
OFFICE 115, FLA STATE FARMERS MARKET
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MYRICK, RICHARD W
Address: 2112 NE 60TH ST
City-St-Zip: FT LAUDERDALE, FL 00000,

Title: DTS () Delete
Name: MYRICK, JERRY C
Address: 851 NE 8TH COURT
City-St-Zip: POMPANO BCH, FL 00000,

Title: PD () Delete
Name: MYRICK, EDWARD
Address: 4430 NE 8TH COURT
City-St-Zip: POMPANO BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD L. MYRICK

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date