

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690412

FILED
Apr 08, 2009
Secretary of State

Entity Name: H. & S. TRUCK REPAIR, INCORPORATED

Current Principal Place of Business:

1709 TRANSMITTER ROAD
C/O LARRY W. HALLEY
PANAMA CITY, FL 32404

New Principal Place of Business:

1709 TRANSMITTER ROAD
C/O LARRY W. HALLEY
PANAMA CITY, FL 32404 US

Current Mailing Address:

1709 TRANSMITTER ROAD
C/O LARRY W. HALLEY
PANAMA CITY, FL 32404

New Mailing Address:

1709 TRANSMITTER ROAD
C/O LARRY W. HALLEY
PANAMA CITY, FL 32404 US

FEI Number: 59-2098820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLEY, LARRY W
2939 PATRICIA ANN LANE
PANAMA CITY, FL 32401 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: STD () Delete
Name: HOLDEN, CYNTHIA ELAINE
Address: 717 NORTH 11TH STREET
City-St-Zip: PARKER,, FL 32404

Title: PD () Delete
Name: HALLEY, LARRY W
Address: 2939 PATRICIA ANN LANE
City-St-Zip: PANAMA CITY, FL 32401

Title: CDM () Delete
Name: HALLEY, FLORIDA
Address: 725 HELEN AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HOLDEN, CYNTHIA ELAINE
Address: 717 NORTH 11TH STREET
City-St-Zip: PARKER,, FL 32404 US

Title: PD (X) Change () Addition
Name: HALLEY, LARRY W
Address: 2939 PATRICIA ANN LANE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: CDM (X) Change () Addition
Name: HALLEY, FLORIDA
Address: 725 HELEN AVE
City-St-Zip: PANAMA CITY, FL 32401 US

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: CYNTHIA E HOLDEN

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date