

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90008 018 \*\*\*150.00

**DOCUMENT # F01000006417**

1. Entity Name  
**TRUCKPRO, INC.**



Principal Place of Business  
**8110 CORDOVA ROAD  
STE 116  
CORDOVA, TN 38016**

Mailing Address  
**8110 CORDOVA ROAD  
STE 116  
CORDOVA, TN 38016**

03001104



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3577837**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	CHAIRMAN
NAME	CHERRINGTON, CHARLES
STREET ADDRESS	1 HARVARD STREET, SUITE 201
CITY-ST-ZIP	BROOKLINE, MA 02445
TITLE	V
NAME	PONDER, JOHNNY
STREET ADDRESS	8110 CORDOVA RD STE 116
CITY-ST-ZIP	CORDOVA, TN 38016
TITLE	P
NAME	MICHAEL, BAIRD
STREET ADDRESS	8110 CORDOVA RD STE 116
CITY-ST-ZIP	CORDOVA, TN 38016
TITLE	S
NAME	JANET, DFAVIS
STREET ADDRESS	8110 CORDOVA RD STE 116
CITY-ST-ZIP	CORDOVA, TN 38016
TITLE	AS
NAME	MARSHA, WISE
STREET ADDRESS	8110 CORDOVA RD STE 116
CITY-ST-ZIP	CORDOVA, TN 38016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.

**SIGNATURE:** *Marsha Wise*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

901 252-4392

Date

Daytime Phone #