## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000232

Entity Name: RUSH TRUCK CENTERS OF FLORIDA, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
P.O. BOX SAN ANTO	34630 ONIO, TX 7820	654630		
Current Mailing Address:			New Mailing Address:	
555 IH 35 NEW BRA	SOUTH AUNFELS, TX	78130		
FEI Number	: 06-1672108	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
1200 SOU PLANTAT	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD I US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca		g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C ( ) RUSH, W. MAR 555 IH 35 SOU NEW BRAUNFI	TH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	P ( ) RUSH, W.M. 555 IH 35 SOU NEW BRAUNFI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP NAEGELIN, MA 555 IH 35 SOU NEW BRAUNFI	тн	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPST ( ) RUSH, ROBIN I 555 IH 35 SOU NEW BRAUNFI	TH	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	AS ( ) LILES, LOUIS I		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: LOUIS E. LILES AS 03/14/2005

City-St-Zip: NEW BRAUNFELS, TX 78130