

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000232

FILED
Apr 20, 2007
Secretary of State

Entity Name: RUSH TRUCK CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 34630
SAN ANTONIO, TX 782654630

New Principal Place of Business:

555 IH 35 SOUTH
NEW BRAUNFELS, TX 78130

Current Mailing Address:

555 IH 35 SOUTH
NEW BRAUNFELS, TX 78130

New Mailing Address:

FEI Number: 06-1672108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: C () Delete
Name: RUSH, W. MARVIN
Address: 555 IH 35 SOUTH
City-St-Zip: NEW BRAUNFELS, TX 78130

Title: P () Delete
Name: RUSH, W.M.
Address: 555 IH 35 SOUTH
City-St-Zip: NEW BRAUNFELS, TX 78130

Title: VPST () Delete
Name: NAEGELIN, MARTIN A JR.
Address: 555 IH 35 SOUTH
City-St-Zip: NEW BRAUNFELS, TX 78130

Title: VP () Delete
Name: ANDERSON, SCOTT
Address: 555 IH 35 SOUTH
City-St-Zip: NEW BRAUNFELS, TX 78130

Title: AS () Delete
Name: LILES, LOUIS E
Address: 555 IH 35 SOUTH
City-St-Zip: NEW BRAUNFELS, TX 78130

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:

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 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: LOUIS E. LILES

AS

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date