

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000007501

1. Entity Name  
TRUCK LEASE SERVICES, INC.



**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-30-2007 90455 048 \*\*\*150.00

40091361



03262007 Chg-P CR2E034 (12/06)

Principal Place of Business  
4350 IDLEWILD INDUSTRIAL DR.  
WINTER SALEM, NC 27105

Mailing Address

|  |                                      |     |         |
|--|--------------------------------------|-----|---------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address                   |     |         |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                  |     |         |
| City & State<br><b>WINSTON SALEM</b>           | City & State<br><b>WINSTON SALEM</b> |     |         |
| Zip  | Country                              | Zip | Country |

4. FEI Number  
**56-1559525**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAXTER, ANNE  
3701 FAYE ROAD  
JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

|   |
|---|
| Name<br><b>SANFORD A. WILLIS</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3701 FAYE ROAD</b> |
| City<br><b>JACKSONVILLE</b>   |
| Zip Code<br><b>FL 32226</b>   |

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 *Sanford A. Willis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-36-2007

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>BUTNER, WANDA R<br>3750 BOWENS ROAD<br>TOBACCOVILLE, NC 27050 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HEPLER, DANNY A II<br>1036 DOGWOOD DR.<br>KING, NC 27021 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BUTNER, DAVID P<br>4112 HAVEN CREST<br>WINSTON SALEM, NC 27106 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Wanda Butner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Re. 458-07 (336) 661-1355

Date

Daytime Phone #