2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# F06000000473

Entity Name: SUNSET TRUCK REPAIR, INC.

Current Principal Place of Business:

3210 W. BEAVER STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

3304 COASTAL HWY
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-4099527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERT, PATRICIA
3304 COASTAL HWY
ST. AUGUSTINE, FL 32084 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: CP ( ) Delete
Name: SEVERT, MICHAEL
Address: 3304 COASTAL HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VCVP ( ) Delete
Name: SEVERT, GREG
Address: 3304 COASTAL HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DS (X) Delete
Name: SEVERT, PATRICIA
Address: 3304 COASTAL HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DT (X) Delete
Name: SEVERT, KATHY
Address: 3304 COASTAL HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: SEVERT, PATRICIA
Address: 3304 COASTAL HWY
City-St-Zip: ST. AUGUSTINE, FL 32084

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 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: PATRICIA SEVERT DS 04/09/2008

Electronic Signature of Signing Officer or Director — Date