


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F26381 1. Entity Name TRUCK & BODY SERVICES, INC.	
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Principal Place of Business 2507 EUNICE AVE ORLANDO, FL 32-8085 US	Mailing Address 2507 EUNICE AVE ORLANDO, FL 32-8085 US
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2076401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PURYEAR, DONALD S 417 N PINEMeadOWS DR. DEBARY, FL 32713
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**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 fee if applicable (NOTE: Reg stored Age if signature returned when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC PURYEAR, DONALD S 417 N PINE MEADOWS DR DEBARY, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PURYEAR, WANDA A 417 N PINE MEADOWS DR DEBARY, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PURYEAR, JEFFERY L 715 SIMRAN WAY LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000164168
07/07/04-80034-007 150.00

**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)(c), 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 or without other like empowered.

SIGNATURE: *Donald Puryear* **DONALD PURYEAR** 63004 407-882-8776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/To Phone #