


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 03, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F26381</b> 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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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-2076401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title, if applicable. DATE: Registered Agent's signature report is required when changing.

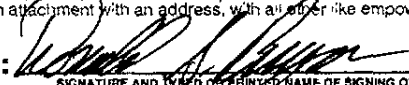
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY 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
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02/03/05-80077-022 150.00

**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 a letter or like empowered.

**SIGNATURE:**  **DONALD S. PURYEAR** **0-105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year #