

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G42511**

1. Entity Name  
**TRUCK CENTRAL, INC.**



Principal Place of Business  
**2979 WEST KING STREET  
COCOA, FL 32926**

Mailing Address  
**2979 WEST KING STREET  
COCOA, FL 32926**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2357228</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PICKLES, TIMOTHY F ESQ  
3490 NORTH UNITED STATES HIGHWAY 1  
COCOA, FL 32926**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBINSON, JOEL M. 3228 W. FORESTHILL DR. COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROBINSON, DOLLYE L. 3228 W. FORESTHILL DR. COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, SHERA 3228 W. FORESTHILL DR. COCOA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80045-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Shera Robinson* **SHERA ROBINSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/08* **1/4/08** *(321)6329278* **(321)6329278**  
Date Daytime Phone #