

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H53974

1. Entity Name  
FLEET SUPPLY, INC.



Principal Place of Business  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308 US

Mailing Address  
POST OFFICE BOX 120  
HOSFORD, FL 32334

FILED

05 APR 21 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212005 No Chg-P CR2E034 (10/03)

*MRS*

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4. FEI Number  
59-1276015

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, DEVOE  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOORE, DEVOE L  
STREET ADDRESS POST OFFICE BOX 120  
CITY-ST-ZIP HOSFORD, FL 32334

TITLE VPD  
NAME MOORE, SHIRLEY M  
STREET ADDRESS POST OFFICE BOX 120  
CITY-ST-ZIP HOSFORD, FL 32334

TITLE SD  
NAME HOSFORD, TIFFANY  
STREET ADDRESS POST OFFICE BOX 120  
CITY-ST-ZIP HOSFORD, FL 32334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tiffany M. Hosford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2005 (850) 656-6211  
Date Daytime Phone #