


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H53974 1. Entity Name FLEET SUPPLY, INC.	
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Principal Place of Business 3550 MAHAN DRIVE TALLAHASSEE, FL 32308 US	Mailing Address POST OFFICE BOX 120 HOSFORD, FL 32334
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DO NOT WRITE IN THIS SPACE

FILED

06 FEB 23 PM 3:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1276015	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, DEVOE 3550 MAHAN DRIVE TALLAHASSEE, FL 32308

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, DEVOE L POST OFFICE BOX 120 HOSFORD, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, SHIRLEY M POST OFFICE BOX 120 HOSFORD, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSFORD, TIFFANY POST OFFICE BOX 120 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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03/03/06--01006--010 **158.75

**DO NOT WRITE
IN THIS SPACE**

K. Eckel FEB 23 2006

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: Tiffany M Hosford Tiffany M Hosford 2/16/06 656-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #