

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53974

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLEET SUPPLY, INC.

Current Principal Place of Business:

3550 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

6800 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

POST OFFICE BOX 120
HOSFORD, FL 32334

New Mailing Address:

FEI Number: 59-1276015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, DEVOE
3550 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOORE, DEVOE
6800 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: _____ 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, DEVOE L
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

Title: VPD () Delete
Name: MOORE, SHIRLEY M
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

Title: SD () Delete
Name: HOSFORD, TIFFANY
Address: POST OFFICE BOX 120
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY M. HOSFORD SD 04/21/2008
Electronic Signature of Signing Officer or Director Date