

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 043 ***150.00

DOCUMENT # H58410 1. Entity Name B & H TRUCK AND REPAIR, INC.			
Principal Place of Business 1240 TANGELO TERRACE BAY 19 DELRAY BEACH, FL 33444		Mailing Address 1240 TANGELO TERRACE BAY 19 DELRAY BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box # 1240 Tangelo Terr		3. Mailing Address 1240 Tangelo Terr	
Suite, Apt. #, etc. BAY 19		Suite, Apt. #, etc. BAY 19	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33444		Zip 33444	
Country USA		Country USA	
4. FEI Number 59-2547195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRAW, WILLIAM R 1240 TANGELO TERRACE DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGRAW, WILLIAM R 1240 TANGELO TERRACE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wm R McGraw William R McGraw 5/14/07 561-2720738			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			