2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J03585

1. Entity Name

PEELER TRUCK SERVICE, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

21628 SR 46E MT DORA, FL 32757 Mailing Address

BOX 1389

MT DORA, FL 32757



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-2666964

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEELER, JAMES E 19839 ELDORADO DR EUSTIS, FL 32727

PD

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.

10.

TITLE

NAME

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, 2008 Fee will be \$550.00

PEELER, JAMES E.

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

TITLE PEELER, MAZIE S. NAME 19839 ELDORADO DRIVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32727 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

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 any address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAMEDY SIGNING OFFICER OR DIRECTOR

C 1-31-08

X351-383-007

Daytime Phone #