





**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # J16632 1. Entity Name TAMPA TRUCK PAINTING, INC.			
Principal Place of Business % PATRICK F. SPRAGUE 1904 EAST BUSCH BOULEVARD TAMPA, FL 33612		Mailing Address % PATRICK F. SPRAGUE 1904 EAST BUSCH BOULEVARD TAMPA, FL 33612	
DO NOT WRITE IN THIS SPACE			
		01132007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2679538	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 SPRAGUE, PATRICK F. 1904 EAST BUSCH BOULEVARD TAMPA, FL 33612		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> 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		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, ALFRED E. 6531 SENEGAL PALM WAY APOLLO BCH, FL 33572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MICHAEL E. 6531 SENEGAL PALM WAY APOLLO BCH, FL 33572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CYNTHIA 6531 SENEGAL PALM WAY APOLLO BEACH, FL 33572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date _____ Daytime Phone # _____	