


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L19575	
1. Entity Name SOUTHEASTERN TRUCK TOPS, INC.	

Principal Place of Business 5491 RIDGEWOOD AVE PORT ORANGE, FL 32127-5627	Mailing Address 5491 RIDGEWOOD AVE PORT ORANGE, FL 32127-5627
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2975134	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 VARNAORE, BILLIE 1940 BOTREE CT. DAYTONA BCH, FL 32128
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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	D VARNAORE, BILLIE 1940 BOTREE CT DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARNAORE, SHARON 1940 BOTREE CT DAYTONA BEACH, FL
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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: <i>Sharon Varnadore</i>	Date: <i>Apr 13, 2006</i>	Daytime Phone #: <i>386 761-0002</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		