


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L78971 1. Entity Name MAGNA TRUCK, INC.	
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Principal Place of Business 2005 INDUSTRIAL PARK ROAD MULBERRY, FL 33860 US	Mailing Address PO BOX 1303 MULBERRY, FL 33860-1303 US
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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0197530	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HICKS, DANIEL J. 13399 NW 113TH AVE HIALEAH, FL 33018
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**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 _____

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, DANIEL J. 20521 S.W. 50TH PLACE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONSTANCE HICKS 20521 S.W. 50TH PLACE FT. LAUDERDALE, FL
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05/06/05-80038-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daniel J. Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____