

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 024 ***150.00

DOCUMENT # M93773
 1. Entity Name
 TRUCKS - E - QUIP, INC.



Principal Place of Business
 8913 E. MLK BLVD
 TAMPA, FL 33610 US

Mailing Address
~~PO BOX 10497~~ ~~TAMPA, FL 33679~~
 4314 W. Woodmere Rd.
 Tampa, FL, 33609



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2902862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LARSON, ADRIENNE L.
 4314 W WOODMERE RD
 TAMPA, FL 33609

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DVT LARSON, ADRIENNE L. 4314 W WOODMERE RD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSSI, DIANNE L 4932 BAY WAY PLACE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, CARL A. 4314 W WOODMERE RD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Adrienne L. Larson (Adrienne L. Larson) 4/6/06 289-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #