

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93773

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: TRUCKS - E - QUIP, INC.

**Current Principal Place of Business:**

8913 E. MLK BLVD  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LARSON  
4314 W WOODMERE RD  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-2902862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSON, ADRIENNE L.  
4314 W WOODMERE RD  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

LARSON, ADRIENNE L.  
4314 W WOODMERE RD  
TAMPA, FL 33609 US

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.

SIGNATURE: ADRIENNE L. LARSON

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVT ( ) Delete  
Name: LARSON, ADRIENNE L.  
Address: 4314 W WOODMERE RD  
City-St-Zip: TAMPA, FL 33609

Title: DS ( ) Delete  
Name: ROSSI, DIANNE L  
Address: 4932 BAY WAY PLACE  
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete  
Name: LARSON, CARL A.  
Address: 4314 W WOODMERE RD  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVT (X) Change ( ) Addition  
Name: LARSON, ADRIENNE L  
Address: 4314 W WOODMERE RD  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE L. LARSON

DVT

03/31/2009

Electronic Signature of Signing Officer or Director

Date