

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93773

FILED  
Mar 05, 2012  
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  
P.O. BOX 10993  
TAMPA, FL 33679

**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  
4932 W. BAY WAY PLACE  
TAMPA, FL 33629 US

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

LARSON, ADRIENNE L  
207 S. HUBERT AVE.  
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

03/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVT  
Name: LARSON, ADRIENNE L  
Address: 207 S. HUBERT AVE.  
City-St-Zip: TAMPA, FL 33609

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

Title: PD  
Name: LARSON, CARL A.  
Address: 207 S. HUBERT AVE.  
City-St-Zip: TAMPA, FL 33679

I hereby 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 all other like empowered.

SIGNATURE: CARL A. LARSON

PRES

03/05/2012

Electronic Signature of Signing Officer or Director

Date