

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023326

1. Entity Name
TRUCKS.COM INTERNATIONAL, INC.



Principal Place of Business
4939 BAYWAY PLACE
TAMPA, FL 33629

Mailing Address
4939 BAYWAY PLACE
TAMPA, FL 33629

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632135

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASS, MICHAEL
1505 N FLORIDA AVENUE
TAMPA, FL 33602

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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)

U000000953897
07/10/08-20001-024 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME GOLDENBERG, LEX
STREET ADDRESS 4939 BAYWAY PLACE
CITY-ST-ZIP TAMPA, FL 33629

TITLE S
NAME GOLDENBERG, BRUCE
STREET ADDRESS 4939 BAYWAY PLACE
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08 813247 6801

Date

Daytime Phone #