2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 Al Secretary of State

DOCUMENT # P01000027386 1. Entity Name CAPITAL TRUCK, INC.		
Principal Place of Business	Mailing Address	
4740 BLOUNTSTOWN HWY. Tallahassee, FL 32304	PO BOX 6328 Tallahassee, FL 32314	



01032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3705852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PITTS, MICHAEL J DO NOT WRITE 4740 BLOUNTSTOWN HWY. TALLAHASSEE, FL 32304 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE THOMAS, MARK A NAME STREET ADDRESS 4740 BLOUNTSTOWN HIGHWAY U00000580547 01/10/07-80052-017 158.75 CITY-ST-ZIP TALLAHASSEE, FL 32304 TITLE VS NAME PITTS, MICHAEL J 4740 BLOUNTSTOWN HIGHWAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 ampowered to execute this eport 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 addition, with all other like impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHARL J PITIS

1-3.07

850.5758655

Daylime Phone #