


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000035152	
1. Entity Name TYLER'S TRUCK & TRACTOR SERVICE, INC.	

Principal Place of Business 150 CITRUS TRAIL LAKE PLACID, FL 33852	Mailing Address 150 CITRUS TRAIL LAKE PLACID, FL 33852
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01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0648615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TYLER, ORAL ROBBIE SR 150 CITRUS TRAIL LAKE PLACID, FL 33852
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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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME TYLER, ORAL ROBBIE SR
STREET ADDRESS 150 CITRUS TRAIL	CITY - ST - ZIP LAKE PLACID, FL 33852
TITLE VD	NAME TYLER, CONNIE R
STREET ADDRESS PO BOX 1254	CITY - ST - ZIP LAKE PLACID, FL 33862
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
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TITLE NAME	STREET ADDRESS CITY - ST - ZIP

<p>1000000199901 01/28/05-80004-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Oral Robbie Tyler* **1-25-05 813-441-1641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #