

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 02, 2006 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**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0648615

Applied For

Not Applicable

5. Certificate of Status Desired



\$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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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

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, HUBERT EARL
STREET ADDRESS	567 ELLISON DR.
CITY-ST-ZIP	LAKE PLACID, FL 33862
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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03/14/06-80011-009 150.00

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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

Date

Daytime Phone #