

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90019 028 ***158.75

DOCUMENT # P02000068839

1. Entity Name
SUPER-TRUCK & AUTO ACCESSORY CENTER, INC.



Principal Place of Business
**230 EGLIN PARKWAY S.W.
FORT WALTON BEACH, FL 32548**

Mailing Address
**230 EGLIN PARKWAY S.W.
FORT WALTON BEACH, FL 32548**

50005047



2. Principal Place of Business
230 Eglin Parkway S.E.
Suite, Apt. #, etc.

3. Mailing Address
230 Eglin Parkway S.E.
Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State
Fort Walton Beach, FL
Zip **32548** Country **U.S.A.**

City & State
Fort Walton Beach, FL
Zip **32548** Country **U.S.A.**

4. FEI Number
04-3679296
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTHERLAND, RAYBURN L
230 EGLIN PARKWAY S.W.
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name **Sutherland, Rayburn L.**
Street Address (P.O. Box Number is Not Acceptable)

230 Eglin Parkway S.E.
City **Fort Walton Beach** **FL** Zip Code **32548**

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	P	<input type="checkbox"/> Delete
NAME	SUTHERLAND, RAYBURN L	
STREET ADDRESS	230 EGLIN PARKWAY S.W.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sutherland, Marie
STREET ADDRESS	230 Eglin Parkway S.E.
CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burgett, Donna
STREET ADDRESS	230 Eglin Parkway S.E.
CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sutherland, Scott
STREET ADDRESS	230 Eglin Parkway S.E.
CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Rayburn L. Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06

850-796-1441

Date

Daytime Phone #