

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074537

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** BEN SHIVES TRUCK SUPER CENTER, INC.

**Current Principal Place of Business:**

2000 9TH STREET WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

2000 9TH STREET WEST  
BRADENTON, FL 34205

**New Mailing Address:**

PO BOX 879  
PALMETTO, FL 34220

**FEI Number:** 42-1542622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIVES, BENJAMIN L  
2000 9TH STREET WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHIVES, BENJAMIN L  
Address: 2000 9 STREET WEST  
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN SHIVES

PD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date