


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90252 047 ***150.00

DOCUMENT # P02000076554	
1. Entity Name MIKE'S AUTO & TRUCK, INC.	

CK# 1614

Principal Place of Business 915 DIPLOMAT DR STE 106F DEBARY FL 32713	Mailing Address 915 DIPLOMAT DR STE 106F DEBARY FL 32713
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 45 Hwy 17/92	3. Mailing Address 45 Hwy. 17-92
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DEBARY, FL.	City & State DEBARY, FL.
Zip 32713	Country Vol.

4. FEI Number 41-2049498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANASTA, MICHAEL S 915 DIPLOMAT DR STE 106F DEBARY FL 32713	
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7. Name and Address of New Registered Agent Name MICHAEL S. SANASTA Street Address (P.O. Box Number is Not Acceptable) 45 Hwy. 17-92 City DEBARY FL 32713	
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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 <i>Michael S. Sanasta</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/20/05	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAVATA, MICHAEL S 915 DIPLOMAT DR STE 106F DEBARY FL 32713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAVATA, MICHAEL S. 45 Hwy 17/92 DEBARY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>Michael S. Sanasta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 386-753-1881
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