2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000132849

1. Entity Name
PREMIER TRUCK CENTER, INC.

Principal Place of Business	Mailing Address
3111 W TENNESSEE ST TALLAHASSEE, FL 32304	3111 W TENNESSEE ST TALLAHASSEE, FL 32304

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
57-1141131
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGHES, PAULA B 5521 JACKSON BLUFF RD TALLAHASSEE, FL 32310	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE _____
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing.)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (1)	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME	HUGHES, L.R.		NAME	U00000149762
STREET ADDRESS	5521 JACKSON BLUFF RD		STREET ADDRESS	05/03/04-80199-019 150.00
CITY ST ZIP	TALLAHASSEE, FL 32304		CITY ST ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME	BIANCO, TOM		NAME	
STREET ADDRESS	1887 MILLER LANDING RD		STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 32312		CITY ST ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME	DOWLING, JIM		NAME	
STREET ADDRESS	804 E 6 AVE		STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 32303		CITY ST ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME	HUGHES, PAULA		NAME	
STREET ADDRESS	5521 JACKSON BLUFF RD.		STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 32310		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add/Or
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	

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.

SIGNATURE: X Paula B. Hughes Sec. 04/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #