2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2005 08:00 AM DOCUMENT # P03000022114 **Secretary of State** 1. Entity Name TANGERINE TRUCK & AUTO, INC. Principal Place of Business Mailing Address 2383 SUTTON PLACE 2383 SUTTON PLACE SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FE! Number Applied For City & State City & State 03-0510983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZMYJ, HENRY 2383 SUTTON PLACE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 City Zip Code F۱ 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 Squalure, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. DUE Change Addition TITLE ☐ Delete ZMYJ, HENRY NAME NAME *U00000022*2962 2383 SUTTON PLACE STREET ADDRESS STREET ADDRESS 02/10/05-80027-011 150.00 CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP Change ☐ Delete ☐ Addition THILE THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Crity-SI-ZIP ☐ Delete TritE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TriLE Change Addition THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 1016 Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 enpowered.