

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jun 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075682

1. Entity Name
BLT TRUCK LEASING, INC.



Principal Place of Business
725 W DEES ROAD
LAKE LAND, FL 33809-6519

Mailing Address
725 W DEES ROAD
LAKE LAND, FL 33809-6519



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0844394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOBIAS, BONNIE L
725 W DEES ROAD
LAKE LAND, FL 33809-6519

**DO NOT WRITE
IN THIS SPACE**

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**

U000000567440
06/21/06-80002-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOBIAS, BONNIE L
STREET ADDRESS	725 W DEES ROAD
CITY - ST - ZIP	LAKE LAND, FL 338096519
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2006

Date

Daytime Phone # _____