

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90023 025 ***150.00

DOCUMENT # P04000043745

1. Entity Name

CHAD'S TRUCK REPAIR INC



Principal Place of Business

3596 US HIGHWAY 90 WEST
DEFUNIAK SPRINGS FL 32433

Mailing Address

512 ATEs RANCH ROAD
DEFUNIAK SPRINGS FL 32433



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3596 us Hwy 90 W

Suite, Apt. #, etc.

City & State

City & State

DFS

4. FEI Number

20-0830099

Applied For

Not Applicable

Zip

Country

Zip

32433

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

LOCKE, LOYCE A
3596 US HIGHWAY 90 WEST
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKE, LOYCE A	
STREET ADDRESS	512 ATEs RANCH ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOCKE, MAYE E	
STREET ADDRESS	512 ATEs RANCH ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOCKE, LOYCE A	
STREET ADDRESS	512 ATEs RANCH ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOCKE, MAYE E	
STREET ADDRESS	512 ATEs RANCH ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Maye E. Locke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-22-05

Date

X 850-892-6514

Daytime Phone #