


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED** ✓  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000055995**  
1. Entity Name  
**FLORANADA TRUCK RENTAL, INC.**



Principal Place of Business      Mailing Address  
**1100 NE 45TH STREET  
OAKLAND PARK, FL 33334**      **1100 NE 45TH STREET  
OAKLAND PARK, FL 33334**



01192006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-0955096**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEUSCHLE, JAY B  
1100 NE 45TH STREET  
OAKLAND PARK, FL 33334**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUSCHLE, JAY B 1100 NE 45TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEUSCHLE, JEFFREY C 1100 NE 45TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAMBURGER, JULIE D 1100 NE 45TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECERE, JESSICA D 1100 NE 45TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/06-80022-020 150.00

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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 of 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 titles like empowered.

SIGNATURE: J. B. DEUSCHLE      1/25/06 954 711-7892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #