


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90095 028 \*\*\*150.00

<b>DOCUMENT # P04000060151</b>		
1. Entity Name <b>TODD'S TRUCK GEAR, INC</b>		

Principal Place of Business <b>4125 NAPTUNE RD ST CLOUD, FL 34769 OS</b>	Mailing Address <b>4125 NAPTUNE RD ST CLOUD, FL 34769 OS</b>
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2. Principal Place of Business <b>4125 Neptune</b>	3. Mailing Address <b>4125 Neptune</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Cloud FL</b>	City & State <b>St. Cloud FL</b>
Zip <b>34769</b>	Zip <b>34769</b>
Country	Country

4. FEI Number <b>90-0159977</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent <b>YEAGER, COREY L 4125 NAPTUNE RD ST CLOUD, FL, FL 34769</b>
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7. Name and Address of New Registered Agent Name <b>Yeager, Corey L</b> Street Address (P.O. Box Number is Not Acceptable) <b>4125 Neptune Road</b> City <b>St. Cloud</b> FL Zip Code <b>34769</b>
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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 <b>Corey Yeager</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>4/30/05</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P YEAGER, COREY L 4125 NAPTUNE RD ST CLOUD, FL 34769</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VITERA, JOHN 4125 NAPTUNE RD ST CLOUD, FL 34769</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>0</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Corey L Yeager 4125 Neptune Road St. Cloud, FL 34769</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Todd Yeager 4125 Neptune Road St. Cloud, FL 34769</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <b>Corey Yeager</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/30/05</b> Date	Daytime Phone #
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