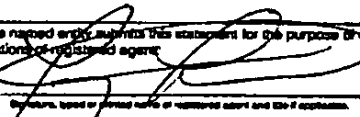
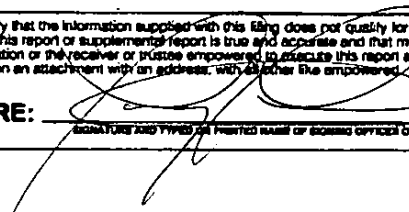


FILED
Jun 16, 2006 8:00 am
Secretary of State

04-24-2006 90414 037 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000063119		
1. Entity Name CUSTOM TRUCK ACCESSORIES OF PACE, INC.		
Principal Place of Business 4440 WOODBINE RD PACE, FL 32571	Mailing Address 4440 WOODBINE RD PACE, FL 32571	
DO NOT WRITE IN THIS SPACE		
		04132008 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1014419		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOCKLEAR, TROY M. 4440 WOODBINE RD PACE, FL 32571		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 fee if applicable. (NOTE: Registered Agent signature required when retreating)		DATE 5-8-06
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 Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MORACE, DAVID A 3910 S MCKENZIE FOLEY, AL 36535	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOCKLEAR, TROY M 4440 WOODBINE RD PACE, FL 32571	
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 EXISTING OFFICER OR DIRECTOR		DATE 5-8-06 Date Daytime Phone