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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.

66019441

Principal Place of Business	Mailing Address
4440 WOODBINE RD PACE, FL 32571	4440 WOODBINE RD PACE, FL 32571

DO NOT WRITE IN THIS SPACE

04132006 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

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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: _____ 5-8-06
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 Fee

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MORACE, DAVID A
STREET ADDRESS	3910 S MCKENZIE
CITY-ST-ZIP	FOLEY, AL 36535
TITLE	VD
NAME	LOCKLEAR, TROY M
STREET ADDRESS	4440 WOODBINE RD
CITY-ST-ZIP	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	

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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 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: _____ 5-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #