

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 033 ***150.00

DOCUMENT # P05000062373

1. Entity Name
D&C TRUCK AND TRACTOR SERVICES, INC



Principal Place of Business
**5045 E ANNA JO DRIVE
INVERNESS, FL 34452 US**

Mailing Address
**5045 E ANNA JO DRIVE
INVERNESS, FL 34452 US**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2765947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLER, DANIEL J
5045 E ANNA JO DRIVE
INVERNESS, FL 34452**

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

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WALLER, DANIEL J
STREET ADDRESS	5045 E ANNA JO DRIVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	P
NAME	WALLER, CHRISTINE V
STREET ADDRESS	5045 E ANNA JO DRIVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	WALLER, VICTOR M
STREET ADDRESS	P.O. BOX 84
CITY-ST-ZIP	ISTACHATTA, FL 34636
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:

Christin Waller - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08 *352-726-7263*
Date Daytime Phone #