

# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000062435**

1. Entity Name  
**TRUCK MASTER TRANSPORT, INC.**



Principal Place of Business  
**221 S.W. RIDGECREST DRIVE  
PORT ST. LUCIE, FL 34953 US**

Mailing Address  
**221 S.W. RIDGECREST DRIVE  
PORT ST. LUCIE, FL 34953 US**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2751607</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCARLETT, PERRY H  
221 S.W. RIDGECREST DRIVE  
PORT ST. LUCIE, FL 34953**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U00000902200

04/29/08-80036-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCARLETT, PERRY H
STREET ADDRESS	221 S.W. RIDGECREST DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953

TITLE	VP
NAME	SCARLETT, STEPHANIE M
STREET ADDRESS	221 S.W. RIDGECREST DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.14.08 541-352-1936