## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

**SIGNATURE:** 

## Jul 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000146083** 07-24-2006 90003 002 \*\*\*150.00 FLEETPRO COMMERCIAL, INC. Principal Place of Business Mailing Address 50022999 **5811 MYRTLE ROAD** 5811 MYRTLE ROAD MILTON, FL 32583 MILTON, FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 07052006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20- 372*0514* Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNSFORD, GARY D Street Address (P.O. Box Number is Not Acceptable) 2489 DUNSFORD ROAD JAY, FL 32565 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition DUNSFORD, GARY L NAME NAME 5811 MYRTLE ROAD STREET ADDRESS STREET ADDRESS MILTON, FL 32583 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition DUNSFORD, GARY D NAME NAME STREET ADDRESS 2489 DUNSFORD ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP JAY, FL 32565 ☐ Delete Change Addition TITE F TITLE DUNSFORD, GARY D 2489 DUNSFORD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY, FL 32565 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE □ Channe ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Gary

OF SIGNING OFFICER OR DIRECTOR

FILED