

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005790

FILED  
Feb 05, 2006  
Secretary of State

Entity Name: MEYERS TRUCK SALES FLORIDA, INC.

**Current Principal Place of Business:**

11905 NW 35TH ST, BAY #3  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8648  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

FEI Number: 65-0368980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, JONATHAN K  
4922 NW 113 AVENUE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEYERS, JONATHAN K  
Address: 4922 NW 113TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: STD ( ) Delete  
Name: MEYERS, FRANKLYN B  
Address: 8900 NW 66TH LANE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLYN B MEYERS

STD

02/05/2006

Electronic Signature of Signing Officer or Director

Date