

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000011179

1. Entity Name  
FLORIDA TRUCK & EQUIPMENT BUYERS, INC.



Principal Place of Business  
1637 E VINE STREET  
SUITE 110  
KISSIMMEE, FL 34744 US

Mailing Address  
1637 E VINE STREET  
SUITE 110  
KISSIMMEE, FL 34744 US

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3166600

Applied For  
Not Applicable

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

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

GONZALEZ, MARIA  
998 W TFT-VINELAND RD  
SUITE 118  
ORLANDO, FL 32824

**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 *Maria Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/21/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GONZALEZ, NORMAN  
STREET ADDRESS 14348 HUNTING CT.  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D  
NAME GONZALEZ, MARIA  
STREET ADDRESS 14348 HUNTING CT.  
CITY-ST-ZIP ORLANDO, FL 32824

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

100028658471  
02/12/04--01035--007 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #