

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000087173

Entity Name: TRUCK-O-RAMA STORES, INC.

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

33 NW 10TH STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

33 NW 10TH STREET  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 65-0541117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLDEN, CHARLES I JR. ESQ  
2772-S NW 43RD STREET  
GAINESVILLE, FL 32606 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

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: COLLER, PATRICIA A  
Address: 2399 SE WOODLEA CIRCLE  
City-St-Zip: OCALA, FL 34471

Title: VPD ( ) Delete  
Name: O'BRIEN, H. TERRANCE  
Address: 1 NORTH DOE ROAD #2E  
City-St-Zip: PARK RIDGE, IL 600682869

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: S ( ) Change (X) Addition  
Name: BROWN, TERRI L  
Address: 33 NW 10TH STREET  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A. COLLER

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date