


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90175 030 ***158.75

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000023424 |  |
| 1. Entity Name TRUCK OUTFITTERS, INC. | |

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| Principal Place of Business 6543 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912 | Mailing Address PO BOX 60144 FT MYERS, FL 33906 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02272005 Chg-P CR2E034 (10/03)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0679579 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required. |
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| 6. Name and Address of Current Registered Agent FORBES, DONALD D JR. 14840 BLACKBIRD LN. FT. MYERS, FL 33919 | |
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| 7. Name and Address of New Registered Agent | |
| Name FORBES, DONALD D. JR. | |
| Street Address (P.O. Box Number is Not Acceptable) 6543 PLANTATION PRESERVE CIRCLE N. | |
| City FORT MYERS | FL Zip Code 33912 |

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  **DONALD D. FORBES, JR. PRESIDENT** DATE **2/28/05**
Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP FORBES, DONALD D JR. 6543 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FORBES, MARGARET S 6543 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE:  **DONALD D. FORBES, JR. PRES. 2/28/05 239.940.9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #