

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

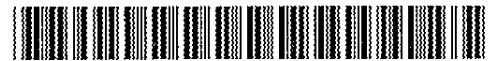
DOCUMENT # P95000048585

1. Entity Name  
FLORIDA PRO-LINE TRUCK SERVICE, INC.



Principal Place of Business  
4012 11TH AVENUE EAST  
TAMPA, FL 33605 US

Mailing Address  
4012 11TH AVENUE EAST  
TAMPA, FL 33605 US



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3340946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

KEYES, ANTHONY E  
5803 W. MILEY RD  
PLANT CITY, FL 33565

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

000000036188  
02/06/04-80047-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KEYES, ANTHONY E
STREET ADDRESS	5803 W. MILEY RD.
CITY-ST-ZIP	PLANT CITY, FL 33565

TITLE	D
NAME	GUAGLIARDO, SAL
STREET ADDRESS	6602 GLENCOE DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

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	

**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 #