

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 003 ***150.00

DOCUMENT # P95000091241

1. Entity Name
DON OLSON TRUCK CENTERS REAL ESTATE I, INC.



Principal Place of Business

**2021 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765**

Mailing Address

**2021 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765**

5500 N 94th Drive Belleair, FL 33756

94008198



DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3349782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, LARRY C
2021 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765**
5500 N 94th Drive Belleair, FL 33756

**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: **LARRY C MORGAN**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/04

**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 | DP |
| NAME | MORGAN, LARRY C |
| STREET ADDRESS | 2021 SUNNYDALE BOULEVARD |
| CITY-ST-ZIP | CLEARWATER, FL 33765 |
| | 5500 N 94th Drive Belleair, FL 33756 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| 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: **LARRY C MORGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

727 515 0767

Daytime Phone #