


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90230 026 \*\*\*150.00

<b>DOCUMENT # P96000023821</b>	
<b>1. Entity Name</b> B&B TRUCK & TRACTOR SERVICE, INC.	

<b>Principal Place of Business</b> 776 DELTONA AVE. DELTONA FL 32725	<b>Mailing Address</b> 776 COLEMAN AVE. DELTONA FL 32725
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<b>2. Principal Place of Business</b> 25322 Rolling Oak Road	<b>3. Mailing Address</b> 25322 Rolling Oak Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Sorrento FL	<b>City &amp; State</b> Sorrento, FL
<b>Zip</b> 32776	<b>Country</b> Lake
<b>Zip</b> 32776	<b>Country</b> Lake

<b>4. FEI Number</b> 59-3371735	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HICKS, CARL L 776 COLEMAN AVE. DELTONA FL 32725
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<b>7. Name and Address of New Registered Agent</b>  Name Jeffrey C. Hicks Street Address (P.O. Box Number is Not Acceptable)  25322 Rolling Oak Road City Sorrento FL Zip Code 32776
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<b>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.</b>  SIGNATURE  Jeffrey C. Hicks 4/22/05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARL L HICKS 776 COLEMAN AVE. DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey C. Hicks 25322 Rolling Oak Road Sorrento, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 all other like empowered.**

<b>SIGNATURE:</b> 	Jeffrey C. Hicks, President 4/22/04 (407)948-5578
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>