2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000025027



Sep 02, 2004 8:00 am Secretary of State

09-02-2004 90071 015 ***150.00

TRUCK & EQUIPMENT OF USA, INC.

54071386 Principal Place of Business Mailing Address 2320 W MEMORIAL BLVD 5718 SUMMERLAND HILLS DR LAKELAND, FL 33813 LAKELAND, FL 33815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VEGA, HARRY = -= (=---Street Address (P.O. Box Number is Not Acceptable) 5718 SOMMERLAND HILLS DRIVE LAKELAND, FL 33813 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Harry Vega TITLE TITLE ☐ Delete VEGA, HÄRRY NAME 118 Summerland Hills NAME STREET ADDRESS 5718 SOMMERLAND HILLS DRIVE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Sammerland Hills Dr VEGA, HILDA NAME NAME 5718 SOMMERLAND HILLS DRIVE STREET ADDRESS STREET ADDRESS FL 3 3813 CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE Change __ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete ---TITLE Addition TITLE = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

Tarry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO