

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90067 002 \*\*\*150.00

00011010



01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P96000025027</b> 1. Entity Name <b>TRUCK &amp; EQUIPMENT OF USA, INC.</b>			
Principal Place of Business <b>2320 W MEMORIAL BLVD LAKELAND, FL 33815</b>		Mailing Address <b>5718 SUMMERLAND HILLS DR LAKELAND, FL 33813</b>	
2. Principal Place of Business <i>2320 W. Memorial Blvd.</i>		3. Mailing Address <i>5718 Summerland Hills Dr.</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Lakeland Fla.</i>		City & State <i>Lakeland Fla.</i>	
Zip <i>33801</i>		Zip <i>33801</i>	
County <i>Dolk</i>		County <i>Dolk</i>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VEGA, HARRY 5718 SOMMERLAND HILLS DRIVE LAKELAND, FL 33813</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, HARRY 5718 SUMMERLAND HILLS DR LAKELAND, FL 33813	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEGA, HILDA 5718 SUMMERLAND HILLS DR LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/15/06 863-838-9911 <small>Date Daytime Phone #</small>	