

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000097869  
 1. Entity Name  
 DAVE'S AUTO AND TRUCK SERVICE, INC.



Principal Place of Business      Mailing Address  
 4560 37TH STREET NORTH      5825 FLAMINGO COURT NORTH  
 UNIT 2      SAINT PETERSBURG, FL 33714  
 SAINT PETERSBURG, FL 33714

**DO NOT WRITE IN THIS SPACE**



04122006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3416375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GEIL, MICHAEL D  
 5325 FLAMINGO CT. N.  
 SAINT PETERSBURG, FL 33714

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

1101101537238  
 05/09/06-80003-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIL, MICHAEL D 5325 FLAMINGO CT. N. SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIL, LINDA F 5325 FLAMINGO CT. N. ST. PETERSBURG, FL 33714
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 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.

SIGNATURE: Michael Geil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #