## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 09, 2005 08:00 AM **DOCUMENT # P97000000988 Secretary of State** H. & S. TRUCK AND AUTO PARTS, INC. Principal Place of Business Mailing Address 18876 SR 20 WEST 19041 SR 20 WEST BLOUNTSTOWN, FL 32424 BLOUNTSTOWN, FL 32424 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3418407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUMBAA, HARRY DO NOT WRITE **HWY 20 W** 19041 S. R. 20W IN THIS SPACE BLOUNTSTOWN, FL 32424 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. Sycul Cumbac Signature lyped or printed name of registered agent and title if explicable. INOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PDVT TITLE STRICKLAND, HARRIET CUMBAA MAME 19041 S.R. 20W STREET ADDRESS CITY-ST-ZIP BLOUNTSTOWN, FL 32424 000000256150 03/09/05-80002-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUF STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

MED OR PRINTED NAME OF SKINING OFFICER ON DIRECTOR

Daytime Phone #

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