## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 14, 2008 08:00 AM DOCUMENT # P97000000988 Secretary of State 1. Entity Name 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 DO NOT INC. No Cha-F CR2E034 (11/05) 01072008 Applied For 4. FEI Number 59-3418407 Not Applicable \$8.75 Additional Salah Araba dan kacamatan kanan kemala beraka dan kemala beraka dan kemala beraka dan kemala beraka dan kemala 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 ika dalah birat karasa dalah dalah dalah birat dalah dal 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000781411 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/15/08-80033-017 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **PDVT** NAME STRICKLAND, HARRIET CUMBAA STREET ADDRESS 19041 S.R. 20W BLOUNTSTOWN, FL 32424 CITY-ST-ZIP TITLE with the first the second of t NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

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 eath; 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.

NAME STREET ADDRESS CITY-ST-ZIP

1-09-08