

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 001 ***550.00

DOCUMENT # P97000023673

1. Entity Name

TRUK KING, INC.



Principal Place of Business

204 EAST MAIN ST
BOWLING GREEN FL 33834

Mailing Address

PO BOX 699
BOWLING GREEN FL 33834



2. Principal Place of Business

1080 Hwy 64 East

Suite, Apt. #, etc.

Suite A

3. Mailing Address

1080 Hwy 64 East

Suite, Apt. #, etc.

Suite A

2nd MOORE

CR2E034 (5/05)

City & State

Zolfo Springs, FL

City & State

Zolfo Springs, FL

4. FEI Number

65-0608954

Applied For

Not Applicable

Zip

33890

Country

USA

Zip

33890

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JAMES D
204 EAST MAIN ST
BOWLING GREEN FL 33834

7. Name and Address of New Registered Agent

Name

Vernon Smith, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1080 Hwy. 64 East

Suite A

City

Zolfo Springs

FL

Zip Code

33890

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

Vernon Smith Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PARKER, JAMES D
STREET ADDRESS POST OFFICE BOX 699
CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE P ☐ Delete
NAME HARRIS, DONALD R JR.
STREET ADDRESS ROUTE 1 BOX 250 K
CITY-ST-ZIP BOWLING GREEN FL 33834

TITLE VP ☐ Delete
NAME SMITH, VERNON JR.
STREET ADDRESS 5111 WINDOVER LN
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Vernon Smith Jr. VERNON SMITH, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-05

Date

863-735-1442

Daytime Phone #