


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 001 ***150.00

DOCUMENT # P97000039390	
1. Entity Name COAST TO COAST TRUCK & TRAILER SALES, INC.	

Principal Place of Business 4250 W SILVER SPRINGS BLVD OCALA, FL 34482	Mailing Address 4250 W SILVER SPRINGS BLVD OCALA, FL 34482
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01262007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0782980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAM D. SOMAN, P.A. 3471 MAIN HWY, #622 MIAMI, FL 33133	
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7. Name and Address of New Registered Agent Name WILLIAM D. SOMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 11191 SW 60 AVENUE City PINECREST FL Zip Code 33156	
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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 William D. Soman, Pres WILLIAM D. SOMAN, PRES 03-01-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, SUSAN 10624 N.W. 225-A OCALA, FL 34482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILKERSON, NANCY 10624 NW 225-A OCALA, FL 34482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMAN, WILLIAM D 9000 ARVIDA DR CORAL SPRINGS, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, SUSAN 10624 NW 225-A OCALA, FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKERSON, NANCY 3255 NW 79 AVENUE OCALA, FL 34482 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMAN, WILLIAM D. 11191 SW 60 AVENUE PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKERSON, JAMES B. 3255 NW 79 AVENUE OCALA, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: <u>Nancy Wilkerson</u> NANCY WILKERSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 03-01-07 (352) 402-9108 Date Daytime Phone #
