

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002029

1. Entity Name
TRUCKS, ETC., INC.



Principal Place of Business
2611 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

Mailing Address
2611 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

FILED
04 APR 30 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3485509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, J. JOSEPH
4913 N MONROE ST
TALLAHASSEE, FL 32303

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
METCALF, SAMUEL H
2054 WILDRIDGE DR
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600035790616
05/10/04--01004--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM METCALF

4/23/04

Date

850-575-5557

Daytime Phone #