2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000005228

1. Entity Name

PREFERRED TRUCK AND TRAILER SERVICES, INC.



FILED
May 27, 2004 08:00 AM
Secretary of State

Principal Place of Business

376 CR 312

BUSHNELL, FL 33513

Mailing Address

376 CR 312

BUSHNELL, FL 33513



03122003

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3496519

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULINEK, DERIK S 376 CR 312 BUSHNELL, FL 33513

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	od office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	ii applicable (NCTE Registeret	I Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 9. Election Camp Due by September 8, 2004 Trust Fund Cor			icing :	\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	CTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULINEK, DERIK S 376 CR 312 BUSHNELL, FL 33513				U00000161632 05/27/04-80003-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	

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: Don's

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-04

Daytime Phone #