## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000005228**

1. Entity Name

PREFERRED TRUCK AND TRAILER SERVICES, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

376 CR 312 BUSHNELL, FL 33513 Mailing Address

376 CR 312

BUSHNELL, FL 33513



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-3496519		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

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	a named entity submits this statement for the p tions of registered agent.	surpose of changing its regist	tered office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE			tored Agent eignatun	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be. Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULINEK, DERIK S 376 CR 312 BUSHNELL, FL 33513				000000589973 01/18/07-80032-012 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			]		
TITLE NAME – STREET ADDRESS		1.		,	

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 attackment with an address, with all other like empowered.

SIGNATURE: 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07

Daytime Phone #