

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000065472

1. Entity Name

SPIFFY TRUCK & AUTO ACCESSORIES, INC.



Principal Place of Business

**SPIFFYS
507 MARY ESTHER CUTOFF
FT. WALTON BEACH FL 32548**

Mailing Address

**507 MARY ESTHER
FT. WALTON BEACH FL 32548**



2. Principal Place of Business - No P.O. Box #

SPIFFY'S

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

507 MARY ESTHER CUTOFF

City & State

FORT WALTON BEACH

City & State

4. FEI Number **59-3527332**

Applied For

Not Applicable

Zip

32548

Country

OK.

Zip

Country

6. Name and Address of Current Registered Agent

**HOWLAND, GREGORY L
507 MARY ESTHER CUTOFF
FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

**P
HOWLAND, GREGORY L
507 MARY ESTHER CUTOFF
FT. WALTON BEACH FL 32548**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

**U00000655211
03/13/07-80097-016 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG HOWLAND

01-25-07

Date

850.863.7743

Daytime Phone #