

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000069049 1. Entity Name AF TRUCK SALES, INC.	
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Principal Place of Business 1404 EAST STATE ROAD 44 WILDWOOD, FL 34785	Mailing Address 1404 EAST STATE ROAD 44 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3526000	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

**ALVAREZ, OSCAR N
3001 SW 20TH ST APT 3807
OCALA, FL 34474-5521**

DO NOT WRITE IN THIS SPACE

7. The entity named herein 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires notarization)

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fee

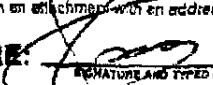
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALVAREZ, OSCAR N 3001 SW 20TH ST OCALA, FL 34474
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05/04/06-80075-015 150.00

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 trustee 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:  DATE: **4/15/06** DAYTIME PHONE: **352 266 7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR