


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000104291</b> 1. Entity Name <b>SOUTHEAST TRUCK SALES, INC.</b>	
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Principal Place of Business <b>97 CUMBERLAND DR LAMONT, FL 32336</b>	Mailing Address <b>97 CUMBERLAND DR LAMONT, FL 32336</b>
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03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BASSETT, W.W. (BILL) III  
U.S. 90 EAST  
MONTICELLO, FL 32345**

**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 \_\_\_\_\_ (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	VPDT BASSETT, W.W. (BILL) III P.O. BOX 561 MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS O'DONNELL, PETER J 687 SHEATS RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000103156  
04/05/04-80044-023 150.00

**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:  \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_