

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000012474</b>	
1. Entity Name RAYMOND'S USED TRUCKS AND PARTS, INC.	



Principal Place of Business 1157 EASTPORT ROAD JACKSONVILLE, FL 32218	Mailing Address 1157 EASTPORT ROAD JACKSONVILLE, FL 32218
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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3563957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent	
HOULE, ZOEL 1157 EASTPORT ROAD JACKSONVILLE, FL 32218	

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	PDST HOULE, ZOEL 1157 EASTPORT ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOULE, ANNA 1157 EASTPORT ROAD JACKSONVILLE, FL 32218
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01/12/07-80062-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Zoel Gerard Houle Zoel Gerard Houle 10 Jan 7 904-757-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #