


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000111044 1. Entity Name LAKELAND TRUCK & TRAILER CENTER, INC.	
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Principal Place of Business 7950 HWY 98 N. LAKELAND, FL 33809	Mailing Address 7950 HWY 98 N. LAKELAND, FL 33809
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02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3621610	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TARIO, PAUL T
7950 HWY 98 N.
LAKELAND, FL 33809**

**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, 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	PT TARIO, PAUL T 3312 BRIDGEFIELD DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TARIO, MARILYN B 3312 BRIDGEFIELD DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/12/04-800006-011 150.00

**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)(f), 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:  **PAUL T TARIO** **3/8/04** **863 581 3252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #