

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S28808 1. Entity Name STEPHENS TRUCK STOP, INC.					
Principal Place of Business 9500 NW 27TH AVE. MIAMI FL 33147			Mailing Address 9500 NW 27TH AVE. MIAMI FL 33147		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			1st MOORE CR2E034 (10/05)		4. F-LI Number NO-T APPLICABLE
			5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent HARRINGTON, J.T., JR. 9500 NW 27TH AVE. MIAMI FL 33147				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 4 applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HARRINGTON, J.T. JR. 9500 NW 27TH AVE. MIAMI FL 33147			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Change ☐ Addition	

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 information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Osborne Phone #