2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64269

Entity Name: TRC/TRUCK REPAIR CENTER, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5722 DAWSON ST.

HOLLYWOOD, FL 33023 US

Current Mailing Address: New Mailing Address:

5722 DAWSON ST.

HOLLYWOOD, FL 33023 US

FEI Number: 65-0098577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LICOLLI, FRANK J. LICOLLI, FRANK J SR 1050 SW 32ND CT. **5722 DAWSON STREET** US HOLLYWOOD, FL 33023

FT. LAUDERDALE, FL 33315 US

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.

SIGNATURE: FRANK J. LICOLLI, SR. 04/02/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LICOLLI, FRANK J SR LICOLLI, FRANK J SR Name: Name: 1411 FLETCHER ST 1411 FLETCHER ST Address: Address:

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020 US

Title: (X) Change () Addition Title: () Delete Name: LICOLLI, FRANK JR Name: LICOLLI, FRANK JR

215 SOUTH 56 TERR 215 SOUTH 56 TERR Address: Address: HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 US City-St-Zip: City-St-Zip:

(X) Change () Addition Title: () Delete Title: MARUCA, TINA MARIE LICOLLI, GINGER L Name: Name:

1912 SCOTT STREET 1411 FLETCHER STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

Title: (X) Delete Title: () Change () Addition

LICOLLI, GINGER LEE Name: 1411 FLETCHER ST. Address: HOLLYWOOD, FL 33020 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK J. LICOLLI, SR. PD 04/02/2009