

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 771122	
1. Entity Name A & A TRANSPORT, INCORPORATED	

Principal Place of Business 55 N. LAKE AVE. LAKE BUTLER, FL 32054-1733	Mailing Address 55 N. LAKE AVE. LAKE BUTLER, FL 32054-1733
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-2342930	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAINES, IV J E 10 WEST MAIN ST. LAKE BUTLER, FL 32054	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 fee filer (if applicable) (If filer is registered agent, signature required with fee totaling \$0.00)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ARCHER, DOYLE 311 NE 2ND STREET LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD ARCHER, MARY N. 311 NE 2ND STREET LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VDDM ALLEN, CURTIS E. 320 SE 4TH STREET LAKE BUTLER, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
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01/10/05-80048-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, 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: Curtis E. Allen **CURTIS E. ALLEN** **01-07-05** **(386) 496-2056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year