


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000005818			
1. Entity Name FLEET FORCE, INC.			
Principal Place of Business 705 CROSS STREET RUSSELLVILLE, AL 35653		Mailing Address P.O. BOX 210 RUSSELLVILLE, AL 35653	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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.		4. FEI Number 63-1089562	
Signature: <i>Dale W. Morris</i> DALE W. MORRIS ASSISTANT VICE PRESIDENT		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP TRAPP, GREGORY 45 OAK SHADOW DRIVE RUSSELLVILLE, AL 35653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000608956231 10/24/05--01055--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VV WOOD, ROBERT 381 COUNTY ROAD 477 HALEYVILLE, AL 35655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert Wood</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/14/05 (256) 332-4576 Date Daytime Phone	

(12/26)