

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002063

Entity Name: ACME TRUCK LINE, INC.

FILED  
Mar 17, 2008  
Secretary of State

**Current Principal Place of Business:**

121 PAILET DRIVE  
HARVEY, LA 70058

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 183  
HARVEY, LA 700590183

**New Mailing Address:**

FEI Number: 72-0540787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COATNEY, MICHAEL D  
Address: 121 PAILET DRIVE  
City-St-Zip: HARVEY, LA 70058

Title: ST ( ) Delete  
Name: FOSTER, KIMBERLY  
Address: 121 PAILET DRIVE  
City-St-Zip: HARVEY, LA 70058

Title: V ( ) Delete  
Name: SANCHEZ, JOHN N  
Address: 2244 LITCHWOOD  
City-St-Zip: HARVEY, LA 70038

Title: V ( ) Delete  
Name: MONCRIEF, GEORGE S SR.  
Address: 1351 HERMAN DUPLANTIS  
City-St-Zip: BREAUX BRIDGE, LA 70517

Title: V ( ) Delete  
Name: ROYE, STEPHEN B  
Address: 7602 SANDYGALE LN.  
City-St-Zip: HOUSTON, TX 77095

Title: V ( ) Delete  
Name: NOEY, MILTON  
Address: 328 E. LITTLE CREEK  
City-St-Zip: CEDAR HILL, TX 75104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KIMBERLY FOSTER

S/T

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date