

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002063

Entity Name: ACME TRUCK LINE, INC.

FILED
Mar 24, 2009
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:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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

SEC

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date