

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097112

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AAC TRUCKING INC.

**Current Principal Place of Business:**

1580 WEST 14TH STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1580 WEST 14TH STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 30-0083446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRISBANE, TERRANCE L SR  
11651 VC JOHNSON ROAD  
JACKSONVILLE, FL 32218      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: PD      ( ) Delete  
Name: ROBINSON, STANLEY  
Address: 1580 WEST 14TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: CHM      ( ) Delete  
Name: GREEN, RONRICO  
Address: 6824 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: OFF      ( ) Delete  
Name: PALMER, WINGROVE A  
Address: 6824 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: OFF      (X) Change ( ) Addition  
Name: ANDERSON, TONY  
Address: 6824 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: OFF      ( ) Change (X) Addition  
Name: HAGANS, HERBERT  
Address: 6824 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

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: STANLEY ROBINSON

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date