

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000027346 1. Entity Name A & F TRUCK SERVICES, INC.						FILED 05 FEB 16 AM 9:50 SECRETARY OF STATE REINSTATEMENT 04-05 	
Principal Place of Business 4761 CREEK MEADOW TRAIL LAKELAND, FL 33809				Mailing Address 4761 CREEK MEADOW TRAIL LAKELAND, FL 33809			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 280 Suite, Apt. #, etc.			01272005 REIN-P CR2E098 (6/04)	
City & State			City & State KATHLEEN FL.				
Zip Country			Zip Country 33849 FLORIDA				
4. FEI Number 59-3570676				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent TROTTMAN, ANGELA 4761 CREEK MEADOW TRAIL LAKELAND, FL 33809				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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$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	P TROTTMAN, ANGELA CREEK MEADOW TRAIL LAKELAND, FL 33810 <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	V TROTTMAN, FRANK 4761 CREEK MEADOW TRAIL LAKELAND, FL 33810 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000047505760 03/01/05--01050--006 **300.00 <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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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		
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: <u>Angela Trotman</u> <u>President</u> <u>12905</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							