


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000027346
1. Entity Name
A & F TRUCK SERVICES, INC.



Principal Place of Business
**4761 CREEK MEADOW TRAIL
LAKELAND, FL 33809**

Mailing Address
**P O BOX 280
KATHLEEN, FL 33849**

DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3570676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TROTTMAN, ANGELA
4781 CREEK MEADOW TRAIL
LAKELAND, FL 33809**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROTTMAN, ANGELA CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROTTMAN, FRANK 4781 CREEK MEADOW TRAIL LAKELAND, FL 33810
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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: Angela Trottmann 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oxygene Phone #