


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V42508**

1. Entity Name  
**AMERICAN COMMERCIAL TRUCK EQUIPMENT, INC.**



Principal Place of Business 12875 COMMODITY PLACE TAMPA, FL 33626 US	Mailing Address 12875 COMMODITY PLACE TAMPA, FL 33626 US
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3126789	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

CT CORPORATION  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS PATTERSON, ROBERT L II 16141 VANDERBILT DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHERFF, GEORGE 939 EAST STARR AVE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SYNDER, LEE C 939 EAST STARR AVE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILL, RON 5900 LANDERBROOK DRIVE, STE. 280 MAYFIELD HT, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOLTEN, DONALD C JR 5900 LANDERBROOK DRIVE, STE. 280 MAYFIELD HT, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/15/04-80008-013 150.00

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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 employees.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director)

Date: 07/01/04 Daytime Phone #: 8009505566