


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90106 023 \*\*\*150.00

<b>DOCUMENT # 227269</b> 1. Entity Name <b>ADVANCED TRUCK EQUIPMENT INC.</b>					
Principal Place of Business <b>5147 SUMMIT BLVD.</b> <b>WEST PALM BEACH, FL 33415</b>			Mailing Address <b>P.O. BOX 15375</b> <b>WEST PALM BEACH, FL 33416 US</b>		
2. Principal Place of Business <b>1315 NEPTUNE DR</b> Suite, Apt. #, etc.			3. Mailing Address <i>Same</i> Suite, Apt. #, etc.		
City & State <b>Bonnton Beach FL</b>			City & State <i>Same</i>		
Zip <b>33426-8403</b>		Country <i>Same</i>		4. FEI Number <b>59-0872939</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RATHBUN, KYLE</b> <b>6486 NIKKI WAY</b> <b>LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name <i>Kyle J. Rathbun</i> Street Address (P.O. Box Number is Not Acceptable) <i>1315 Neptune Drive</i> City <i>Bonnton Beach</i> <b>FL</b> Zip Code <i>33426</i>	
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 <i>[Signature]</i> <i>Kyle J. Rathbun</i> DATE <i>4/12/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATHBUN, KYLE 6486 NIKKI WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATHBUN, REX 1140 RANCHETTE ROAD WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBORAH A. RATHBUN 6486 NIKKI WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 authority like empowered.					
SIGNATURE: <i>[Signature]</i> <i>Kyle J. Rathbun</i> DATE <i>4/12/05</i> DAYTIME PHONE # <i>561-424-0442</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					