

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321851

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: AMERICAN TRUCKING EQUIPMENT CO

## Current Principal Place of Business:

5260 BROADWAY AVENUE  
P.O. BOX 6458  
JACKSONVILLE, FL 322363458

## New Principal Place of Business:

## Current Mailing Address:

5260 BROADWAY AVENUE  
P.O. BOX 6458  
JACKSONVILLE, FL 322363458

## New Mailing Address:

FEI Number: 59-1173897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURRAY, JOHN L.  
14546 LONGVIEW DRIVE S.  
JACKSONVILLE, FL 32223      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: MURRAY, JOHN L.,  
Address: 14546 LONGVIEW DR. S.  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: CATTON, DAVID A.,  
Address: 1638 HOLLY OAKS LAKE RD  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: BELL, A. QUINN,  
Address: 1602 TAYO LANE  
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete  
Name: TRIPPE, SANDRA L  
Address: 1270 CUNNINGHAM CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA L. TRIPPE

ST

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date