


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # F02000003622	
1. Entity Name AL TRANS SERVICE, INC.	

Principal Place of Business 2441 WOLF RIDGE ROAD MOBILE, AL 36618	Mailing Address 2441 WOLF RIDGE ROAD MOBILE, AL 36618
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1070692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE
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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.

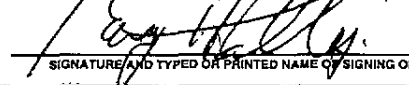
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, GARY H 6358 COCOA LANE APOLLO BEACH, FL 335722310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWELL, GEORGE S 4705 PINWOOD DRIVE SOUTH MOBILE, AL 36618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000356666 05/04/05-80043-008 150.00  DO NOT WRITE IN THIS SPACE
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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 title empowered.

SIGNATURE:  Gary H. Phillips - President 4-29-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #