## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002063

Entity Name: ACME TRUCK LINE, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
121 PAILE HARVEY,					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX ' HARVEY,	183 LA 70059018	33			
FEI Number	: 72-0540787	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	ICE COMPANY 3012525 US			
	e named entity e of Florida.	submits this statement for the pur	pose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Agent		Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( COATNEY, MI 121 PAILET D HARVEY, LA	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( FOSTER, KIM 121 PAILET D HARVEY, LA	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( SANCHEZ, JO 2244 LITCHW HARVEY, LA	/OOD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MONCRIEF, 0 1351 HERMAI	) Delete BEORGE S SR. N DUPLANTIS DGE, LA 70517	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( ROYE, STEPH 7602 SANDYO HOUSTON, TX	GALE LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( NOEY, MILTO 328 E. LITTLE CEDAR HILL,	CREEK	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIMBERLY FOSTER S/T 03/17/2008