

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90037 036 \*\*\*150.00

**DOCUMENT # F33636**  
 1. Entity Name  
**A. & E. TRUCK SERVICE, INC.**



Principal Place of Business: **2665 SOUTH STREET FT. MYERS FL 33901**  
 Mailing Address: **2665 SOUTH STREET FT. MYERS FL 33901**

2. Principal Place of Business: *Same*  
 3. Mailing Address: *Same*  
 Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**JACOBSEN, SIDNEY A.**  
**4628 SW 18 AVE**  
**CAPE CORAL FL 33914**

4. FEI Number: **59-2106176**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>JACOBSON, SID</b>	
STREET ADDRESS: <b>4628 SW 18 AVE</b>	
CITY-ST-ZIP: <b>CAPE CORAL FL</b>	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME: <del><b>GILMAN, KIM</b></del>	
STREET ADDRESS: <del><b>2220 SW 21 STREET</b></del>	
CITY-ST-ZIP: <del><b>CAPE CORAL FL</b></del>	
TITLE: <b>SDT</b>	<input type="checkbox"/> Delete
NAME: <b>JACOBSEN, KEVIN</b>	
STREET ADDRESS: <b>503 TRAFALGAR PKWY</b>	
CITY-ST-ZIP: <b>CAPE CORAL FL 33991</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Jacobsen, Kevin</b>	
STREET ADDRESS: <b>503 TRAFALGAR PKWY</b>	
CITY-ST-ZIP: <b>CAPE CORAL, FL 33991</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 empowered.

**SIGNATURE:** *Kevin Jacobsen* **KEVIN JACOBSEN** **3-22-04** **239-334-1196**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #