


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F33636 1. Entity Name A. & E. TRUCK SERVICE, INC.	
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Principal Place of Business 2665 SOUTH STREET FT. MYERS, FL 33901	Mailing Address 2665 SOUTH STREET FT. MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2106176	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

JACOBSEN, SIDNEY A.
4628 SW 18 AVE
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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, 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	P JACOBSON, SID 4628 SW 18 AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBSEN, KEVIN 503 TRAFALGAR PKWY. CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JACOBSEN, KEVIN 503 TRAFALGAR PKWY CAPE CORAL, FL 33991
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IN THIS SPACE**

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04/13/05-80055-010 150.00

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: 	4/9/05 (239) 334-1196
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Day and Phone #</small>