

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

Reinstatement

DOCUMENT # F97000006455

1. Entity Name

ARNOLD TRANSPORTATION SERVICES, INC.



FILED

05 DEC 27 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

451 FREIGHT ST.
CAMP HILL PA 17011

Mailing Address

451 FREIGHT ST.
CAMP HILL PA 17011

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1582737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Karen Formwald Acting Manager Karen Formwald 12-21-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P
NAME WALTERS, MIKE
STREET ADDRESS 451 FREIGHT ST.
CITY-ST-ZIP CAMP HILL PA 17011 ☐ Delete

TITLE VP
NAME SAMARTINO, ERIK
STREET ADDRESS 451 FREIGHT STREET
CITY-ST-ZIP CAMP HILL PA 17011 ☐ Delete

TITLE D
NAME GUEST, GLENN A
STREET ADDRESS 451 FREIGHT ST.
CITY-ST-ZIP CAMP HILL PA 17011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900062656169
01/04/06--01048--006 **\$200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100061341411
11/10/05--01034--011 **\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK A SAMARTINO

Date

11/3/05

Daytime Phone #

717-703-5212