

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L07684

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: AMERICAN COMMERCIAL EXPEDITERS, INC.

**Current Principal Place of Business:**

1852 NW 21ST ST.  
POMPANO BCH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1852 NW 21ST ST.  
POMPANO BCH, FL 33069

**New Mailing Address:**

FEI Number: 65-0159471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZUNKER, SHARON  
1852 NW 21ST ST.  
POMPANO BCH, FL 33069 US

**Name and Address of New Registered Agent:**

ZUNKER, SHARON  
6590 SE 88TH BLVD.  
OKEECHOBEE, FL 34974 US

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.

SIGNATURE: SHARON ZUNKER

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: ZUNKER, SHARON  
Address: 1852 NW 21ST ST.  
City-St-Zip: POMPAN0 BCH, FL

Title: VD ( ) Delete  
Name: ZUNKER, ANTHONY F  
Address: 5302 VAN BUREN RD  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTS (X) Change ( ) Addition  
Name: ZUNKER, SHARON  
Address: 6590 SE 88TH BLVD.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON ZUNKER

PTS

03/30/2009

Electronic Signature of Signing Officer or Director

Date