

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000002636

1. Entity Name

ADVANCE LINE TRUCKING, INC.



Principal Place of Business

**10340 EPIPHYTE ROAD
MIMS, FL 32754**

Mailing Address

**1340 LAS BRISAS LANE
WINTER HAVEN, FL 33881**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3617191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, DAVID A JR.
1340 LAS BRISAS LANE
WINTER HAVEN, FL 33881**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

UD00000770932
07/31/07-80007-003 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE V
NAME HOWARD, DAVID A SR.
STREET ADDRESS 1340 LAS BRISAS LANE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE S
NAME HOWARD, CHRISTINE M
STREET ADDRESS 10340 EPIPHYTE ROAD
CITY-ST-ZIP MIMS, FL 32754

TITLE P
NAME HOWARD, DAVID A JR
STREET ADDRESS 10340 EPIPHYTE RD
CITY-ST-ZIP MIMS, FL 32754

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DAVID A HOWARD SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/31/07