

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90301 001 ***150.00

DOCUMENT # P00000117953

1. Entity Name

AUTO CARRIERS OF MID-FLA, INC.



Principal Place of Business

47508 E. DEER RD. → 20403 Red Head Rd
ALTOONA, FL 32702 → SAME

Mailing Address

PO BOX 1171
ALTOONA, FL 32702

J00042330



04152005 No Chg-P CR2E034 (10/Q3)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3690908

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSER, DAVID
47508 E. DEER RD. → 20403 Red Head Rd
ALTOONA, FL 32702 → SAME

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

(NOTE: Registered Agent signature required when reinstating)

4/17/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAUSER, SANDRA L
47508 E. DEER RD.
ALTOONA, FL 32702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAUSER, DAVID
47508 E DEER RD
ALTOONA, FL 32702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: DAVID HAUSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05
Date

3526691500
Daytime Phone #