

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000116260

Entity Name: A.H.L. TRUCKING INC.

FILED
Aug 20, 2009
Secretary of State**Current Principal Place of Business:**5645 STATE RD. 80 W.
LA BELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**5645 STATE RD. 80 W.
LA BELLE, FL 33935**New Mailing Address:**

FEI Number: 65-1138957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CAPO, WILLIE
5645 STATE RD. 80 WEST
LA BELLE, FL 33935 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: CAPO, SANDRA L
Address: 5645 STATE RD. 80 WEST
City-St-Zip: LA BELLE, FL 33935Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: CAPO, WILLIE
Address: 5645 STATE RD. 80 WEST
City-St-Zip: LABELLE, FL 33935

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: SANDRA CAPO

PD

08/20/2009

Electronic Signature of Signing Officer or Director

Date