

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014166

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ALVIN ELIXSON TRUCK & TRACTOR, CO.

**Current Principal Place of Business:**

6000 SW 121 AVE  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

6000 SW 121 AVE  
LAKE BUTLER, FL 32054

**New Mailing Address:**

FEI Number: 06-1716512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ELIXSON, TONDA  
6000 SW 121 AVE  
LAKE BUTLER, FL 32054      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELIXSON, ALVIN E  
Address: 6000 SW 121 AVE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: V ( ) Delete  
Name: ELIXSON, TONDA  
Address: 6000 SW 121 AVE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: O ( ) Delete  
Name: ELIXSON, DANIEL  
Address: POST OFFICE BOX 143  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

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

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

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

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: TONDA ELIXSON

V

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date