


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 023 ***150.00

DOCUMENT # P05000115621 1. Entity Name A & C TRUCKING SERVICES CORP.	
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Principal Place of Business 4715 DELEON STREET APT# 127 FORT MYERS, FL 33907 US	Mailing Address 4715 DELEON STREET APT# 127 FORT MYERS, FL 33907 US
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2. Principal Place of Business 2421 DANIEL AVE N. Suite, Apt. #, etc.	3. Mailing Address 2421 Daniel Ave. N. Suite, Apt. #, etc.
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City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33971	Country US

03012006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3321261	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ-LARREA, COSSETTE 4715 DELEON STREET APT# 127 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2421 DANIEL AVE N. City Lehigh Acres FL Zip Code 33971
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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  DATE 4/23/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURGOS, ALEJANDRO 4715 DELEON STREET, APT. # 127 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2421 DANIEL AVE N. Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/25/06 DAYTIME PHONE # 305-244-7562
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR