

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000152824

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** ALL FLORIDA TRUCK INSURANCE, INC.

**Current Principal Place of Business:**

105 NAVAJO TRACE  
CRESTVIEW, FL 325369563

**New Principal Place of Business:**

105 NAVAJO TRACE  
CRESTVIEW, FL 325369563 US

**Current Mailing Address:**

P O BOX 189  
CRESTVIEW, FL 325360189

**New Mailing Address:**

P O BOX 189  
CRESTVIEW, FL 325360189 US

**FEI Number:** 20-3751574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, DIXIE D. ESQ.  
422 N. MAIN ST.  
CRESTVIEW, FL 32536 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: PSTD  
Name: PAYNE, LINDA G  
Address: 105 NAVAJO TRACE  
City-St-Zip: CRESTVIEW, FL 325369563 US

Title: VPD  
Name: PAYNE, HARRY B  
Address: 105 NAVAJO TRACE  
City-St-Zip: CRESTVIEW, FL 325369563

I hereby 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 all other like empowered.

SIGNATURE: LINDA G. PAYNE

PSTD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date