

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P24507

1. Entity Name
HANNA TRUCK LINE, INC



Principal Place of Business

**3800 COMMERCE AVE.
P.O. BOX 192
FAIRFIELD, AL 35064**

Mailing Address

**3800 COMMERCE AVE.
P.O. BOX 192
FAIRFIELD, AL 35064**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number **63-0599971** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ELTZ, JOHNNY
4032 WEST 23RD STREET
PANAMA CITY, FL 32405**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	CEO HANNA, PETE 3800 COMMERCE AVE. FAIRFIELD, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, PAUL 3800 COMMERCE BLVD FAIRFIELD, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, ROGER D 3800 COMMERCE AVE. FAIRFIELD, AL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/13/06-80010-008 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-06
Date

(205) 783-8302
Daytime Phone #