

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90030 044 ***150.00

DOCUMENT # P25605

1. Entity Name
AUTO TRUCK TRANSPORT CORPORATION



Principal Place of Business
**10444 ALTA ROAD
JACKSONVILLE, FL 32226-2302**

Mailing Address
**4314 39TH AVE.
KENOSHA, WI 53144**

94048257



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
35-1658677

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUEST, FOREST C
STREET ADDRESS	620 WEST SHIPP AVE, STE A
CITY-ST-ZIP	LOUISVILLE, KY 40208
TITLE	SV
NAME	KEAN, WILLIAM A JR
STREET ADDRESS	620 WEST SHIPP AVE SUITE A
CITY-ST-ZIP	LOUISVILLE, KY 40208
TITLE	TA
NAME	TROHA, TODD A
STREET ADDRESS	4320-39TH AVE.
CITY-ST-ZIP	KENOSHA, WI 53144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Todd A. Troha
Treasurer/Asst. Secretary**

Date

262-564-5231

Daytime Phone #