


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90257 035 \*\*\*150.00

<b>DOCUMENT # P98000058499</b> 1. Entity Name ATLANTIC TRUCK BROKERS, INC.	
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Principal Place of Business 1701 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	Mailing Address P.O. BOX 1869 FORT PIERCE, FL 34954
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14009666



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1730979	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CARNELL, RICHARD M JR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GILET, JEAN JACQUES 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT EGAN, ROBERT W 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CARNELL, RICHARD M JR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
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

**Richard M. Carnell, Jr.** **4/27/05** **772-489-7275**  
**Vice President**

Date

Daytime Phone #