

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000058499**

1. Entity Name

ATLANTIC TRUCK BROKERS, INC.



Principal Place of Business

1701 OLD DIXIE HIGHWAY  
FORT PIERCE, FL 34946

Mailing Address

P.O. BOX 1869  
FORT PIERCE, FL 34954

**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number

22-1730979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARNELL, RICHARD M JR  
1900 OLD DIXIE HIGHWAY  
FORT PIERCE, FL 34946

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000913739  
05/08/08-80028-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME NELSON, GREGORY P  
STREET ADDRESS 1900 OLD DIXIE HIGHWAY  
CITY-ST-ZIP FORT PIERCE, FL 34946

TITLE DVPS  
NAME GILET, JEAN JACQUES  
STREET ADDRESS 1900 OLD DIXIE HIGHWAY  
CITY-ST-ZIP FORT PIERCE, FL 34946

TITLE DVPT  
NAME EGAN, ROBERT W  
STREET ADDRESS 1900 OLD DIXIE HIGHWAY  
CITY-ST-ZIP FORT PIERCE, FL 34946

TITLE DVAS  
NAME CARNELL, RICHARD M JR  
STREET ADDRESS 1900 OLD DIXIE HIGHWAY  
CITY-ST-ZIP 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 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 information empowered.

**SIGNATURE:**

*Richard M. Carnell, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Carnell, Jr.  
Sr. Vice President

Date

Daytime Phone #

3-10-08 772 489-7275