

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000015279	
1. Entity Name A&V TRUCKING OF NW FLORIDA, INC.	
Principal Place of Business 5533 HWY 29 NORTH MOLINO, FL 32577	Mailing Address 5533 HWY 29 NORTH MOLINO, FL 32577



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3597332	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MOLINO, FL 32577

**DO NOT WRITE
IN THIS SPACE**

7. 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

Albert R Chance

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CHANCE, ALBERT R
STREET ADDRESS	2950 CHANCE RD
CITY-ST-ZIP	MOLINO, FL 32577

TITLE	P
NAME	VORNHOLT, GREGORY L
STREET ADDRESS	245 SANTA ROSA CRD.
CITY-ST-ZIP	CANTONMENT, FL 32533

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000295535
04/09/05-80031-011 150.00

**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)(f), 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:

Albert R Chance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

DATE

850-587-3800

DAYTIME PHONE #