

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # V42508

1. Entity Name
AMERICAN COMMERCIAL TRUCK EQUIPMENT, INC.



Principal Place of Business
12875 COMMODITY PLACE
TAMPA, FL 33626 US

Mailing Address
12875 COMMODITY PLACE
TAMPA, FL 33626 US



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3126789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTAS
PATTERSON, ROBERT L II
16141 VANDERBILT DR
ODESSA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHERFF, GEORGE
939 EAST STARR AVE
COLUMBUS, OH 43201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SYNDER, LEE C
939 EAST STARR AVE
COLUMBUS, OH 43201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NEILL, RON
5900 LANDERBROOK DRIVE, STE. 280
MAYFIELD HT, OH 44124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOLTEN, DONALD C JR
5900 LANDERBROOK DRIVE, STE. 280
MAYFIELD HT, OH 44124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U0000016S432
07/15/04-80008-013 150.00

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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/04 8009505566
Date Daytime Phone #