

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 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

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTAS
NAME	PATTERSON, ROBERT L II
STREET ADDRESS	16141 VANDERBILT DR
CITY-ST-ZIP	ODESSA, FL
TITLE	P
NAME	SCHERFF, GEORGE
STREET ADDRESS	939 EAST STARR AVE
CITY-ST-ZIP	COLUMBUS, OH 43201
TITLE	AS
NAME	SYNDER, LEE C
STREET ADDRESS	939 EAST STARR AVE
CITY-ST-ZIP	COLUMBUS, OH 43201
TITLE	S
NAME	NEILL, RON
STREET ADDRESS	5900 LANDERBROOK DRIVE, STE. 280
CITY-ST-ZIP	MAYFIELD HT, OH 44124
TITLE	AS
NAME	MOLTEN, DONALD C JR
STREET ADDRESS	5900 LANDERBROOK DRIVE, STE. 280
CITY-ST-ZIP	MAYFIELD HT, OH 44124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000370232
07/05/05-80008-014 550.00

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #