
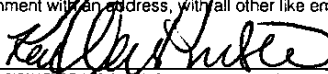


MAIL

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 015 ***150.00

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	
2. Principal Place of Business NO. 1 LEGGETT ROAD Suite, Apt. #, etc.		3. Mailing Address NO. 1 LEGGETT ROAD Suite, Apt. #, etc.	
City & State CARTHAGE, MD		City & State CARTHAGE, MD	
Zip 64836	Country USA	Zip 64836	Country USA
4. FEI Number 59-3126789		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS PATTERSON, ROBERT L II 16141 VANDERBILT DR ODESSA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S ERNEST C. JETT NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHERFF, GEORGE 939 EAST STARR AVE COLUMBUS, OH 43201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK D. CRUSA NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SYNDER, LEE C 939 EAST STARR AVE COLUMBUS, OH 43201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID S. HAFNER NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILL, RON 5900 LANDERBROOK DRIVE, STE. 280 MAYFIELD HT, OH 44124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARL G. GLASSMAN NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOLTEN, DONALD C JR 5900 LANDERBROOK DRIVE, STE. 280 MAYFIELD HT, OH 44124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNETH W. PURSER NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS SHERI L. MOSSBECK NO. 1 LEGGETT RD CARTHAGE, MD 64836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered to the best of my knowledge and belief.			
SIGNATURE:  VICE-PRESIDENT		05/01/06 417-358-8131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	