



Filed  
Secretary of State  
State of Washington  
Date Filed: 03/23/2021  
Effective Date: 03/23/2021  
UBI #: 604 408 794

## EXPRESS ANNUAL REPORT WITHOUT CHANGES

### BUSINESS INFORMATION

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Business Name:

**AMMANN AUTO TRANSPORT INC**

UBI Number:

**604 408 794**

Business Type:

**WA PROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**14211 EMPIRE RD, EPHRATA, WA, 98823-9504, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**03/31/2022**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**03/25/2019**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**TRANSPORTATION & WAREHOUSING, INTERSTATE VEHICLE HAULING**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
CHARLES WIEGAND	237 2ND AVE SW, EPHRATA, WA, 98823-1805, UNITED STATES	PO BOX 448, EPHRATA, WA, 98823-0448, UNITED STATES

### GOVERNORS

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Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ANTHONY	AMMANN

### CONTROLLING INTEREST

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1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

**NO**

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16⅔ percent interest in the entity?

**NO**

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

**NO**

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

**NO**

You must report a [Controlling Interest Transfer Return](#) **IF**: you answered "yes" to questions 1 **AND** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

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## CONFIRMATION EMAIL ADDRESS

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

**MICHELE@ABCS.CO**

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## EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

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## AUTHORIZED PERSON

Person Type:

**INDIVIDUAL**

First Name:

**ANTHONY**

Last Name:

**AMMAN**

Title:

**PRESIDENT**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.