2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2009
Secretary of State

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Entity Name: ABCO TRANSPORTATION, INC.

Current Principal Place of Business:

20537 US HWY 301 NORTH
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

20537 US HWY 301 NORTH
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3206435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABERNATHY, IVAN
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: ST ( ) Delete
Name: ABERNATHY, IVAN
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: ABERNATHY, NORMA
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: LAUGHLIN, DEXTER
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ROBERTS, RALPH L SR
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: SEC (X) Change ( ) Addition
Name: DELUCA, DONALD
Address: 7290 COLLEGE PKWY, SUITE 400
City-St-Zip: FT. MYERS, FL 33907

Title: ASST (X) Change ( ) Addition
Name: WADE, JEFFREY C
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: V.P. (X) Change ( ) Addition
Name: ROBERTS, RALPH L JR
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: V.P. ( ) Change (X) Addition
Name: ROBERTS, ROBY
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: V.P. ( ) Change (X) Addition
Name: BOWMAN, ROB
Address: 15971 MCGREGOR BLVD
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY C WADE ASST 10/22/2009

Electronic Signature of Signing Officer or Director Date