

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2005
Secretary of State**

DOCUMENT# N94000004934

Entity Name: JACKSON COUNTY TRANSPORTATION, INC.

Current Principal Place of Business:

3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1117
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3264135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEELER, SHARON
3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448 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: D () Delete
Name: LONG, WILLIAM
Address: 3774 OLD U.S. ROAD
City-St-Zip: MARIANNA, FL 32446

Title: P () Delete
Name: PFORTE, LINDA
Address: 2919 PENNSYLVANIA AVENUE
City-St-Zip: MARIANNA, FL 32448

Title: VP () Delete
Name: STEVENS, BILL
Address: 2525 SPRING CREEK ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: PADGETT, BILLY
Address: 2210 MARTIN ROAD
City-St-Zip: MARIANNA, FL 32448

Title: ST () Delete
Name: BOWERS, DELOIS
Address: 5571 BOOMERANG ROAD
City-St-Zip: BASCOM, FL 32423

Title: D () Delete
Name: HUNT, EDWARD
Address: 2913 WYNN ST
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LONG, WILLIAM
Address: 3774 OLD U.S. ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Change () Addition
Name: PFORTE, LINDA
Address: 2919 PENNSYLVANIA AVENUE
City-St-Zip: MARIANNA, FL 32448

Title: D (X) Change () Addition
Name: STEVENS, BILL
Address: 2525 SPRING CREEK ROAD
City-St-Zip: MARIANNA, FL 32448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PEELER

D

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date