

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004934

FILED  
Apr 12, 2006  
Secretary of State

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

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PEELER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

EX D

04/12/2006

\_\_\_\_\_  
Date