

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035049

FILED
Apr 29, 2009
Secretary of State

Entity Name: KIMBALL TRANSPORTATION, INC.

Current Principal Place of Business:

300 NORTH KROME AVENUE BUILDING 11A
OFFICE 4
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 901302
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 65-1092675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KIMBALL, EDWIN E
Address: 300 NORTH KROME AVENUE BUILDING 11A
City-St-Zip: FLORIDA CITY, FL 33034

Title: SVD () Delete
Name: KIMBALL, MADELYN E
Address: 300 NORTH KROME AVENUE BUILDING 11A
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: KIMBALL, GLEN
Address: 27815 E MAIN DR
City-St-Zip: WATERFORD, WI 53185

Title: D () Delete
Name: KIMBALL, DAN C
Address: 919 N RIVER ROAD
City-St-Zip: BURLINGTON, WI 53105

Title: D () Delete
Name: KEMPEN, KIM E
Address: 4801 BUENA PARK RD
City-St-Zip: WATERFORD, WI 53185

Title: D () Delete
Name: KIMBALL, KEVIN
Address: 4136 EAU CLAIRE TRAIL
City-St-Zip: PRIOR LAKE, MN 55372

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 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: KEVIN KIMBALL

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date