

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 049 ***150.00



DOCUMENT # P05000148542
 1. Entity Name
 C.P.E. TRANSPORTATION DIVISION, INC.

Principal Place of Business Mailing Address
 9820 W BERRY CT 9820 W BERRY CT
 N FT MYERS FL 33903 N FT MYERS FL 33903

4000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number 20-3759078 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HACK, L. RANDALL
 3403 SE 8TH PL
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name Wesley L Robertson
 Street Address (P.O. Box Number is Not Acceptable) 9820 West Berry Ct
 City N.F.F. Myers FL Zip Code 33903

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Wesley L Robertson President 4-10-07
 (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, WESLEY L	
STREET ADDRESS	9820 W BERRY CT	
CITY, ST, ZIP	N FT MYERS FL 33903	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLYNN, JACK C	
STREET ADDRESS	9820 W BERRY CT	
CITY, ST, ZIP	N FT MYERS FL 33903	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LESTER	
STREET ADDRESS	9820 W BERRY CT	
CITY, ST, ZIP	N FT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wes Robertson President* 4-10-07 239-872-8017