2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # P05000045124 1. Enlity Name SHADOW EXPRESS TRUCKING, INC.								03-08-2006 90175 031 ***150.00				
Principal Place of Business 1488 SEKANI COURT ORANGE PARK, FL 32073				Mailing Address 1488 SEKANI COURT ORANGE PARK, FL 32073								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02072006	Chg-P	CR2E03	34 (11/05)		
City & State				City & State			4. FEI Numb	^{er} 59-347	1393		plied For t Applicable	
Zip	Country			Zip Coun		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
BLAXTON, JEAN 1488 SEKANI COURT						Street Address (P.O. Box Number is Not Acceptable)						
ORANGE PARK, FL 32073												
,						City	. ===		FL	Zip Code	•	
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												
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$5) 550.00	Election Campa Trust Fund Cont		Ī 🔲 .	\$5.00 May Be Added to Fees				<u>.</u>	
10.							ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	P BLAXTO	P Delete ITI								☐ Change	Addition	
STREET ADORESS CITY-SI-ZIP						EET ADDRESS '-ST-ZIP						
TITLE NAME	☐ Delete IIII									Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS 7-S1-ZIP						
TITLE NAME				Defete	TITL	I				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS (-ST-ZIP						
TITLE NAME				☐ Delete	TITL	· I			• •	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS (-ST-ZIP					Ì	
TITLE NAME				☐ Delete	TITE	1			-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				,	STR	EET ADDRESS						
TITLE .				☐ Delete	. זודנ	E	**			☐ Change	_ Addition	
STREET ADDRESS	***		٠			EET ADORESS		•				
CITY-ST-ZIP	certify that 15	ne information cusolic	d with this F	ling doe not qualify		Y-ST-ZIP	ained in Chanter 1	10 Florida Statutos	I further cost	ify that the i-	oformation ~	
indicated of the co	t on this report	ort or supplemental re the regaliver or trustee	port is true a	iling does not qualify f and accurate and that d to execute this repor	my signa t as requ	ature shall have ired by Chapter	the same legal effer r 607, Florida Statu	ect as if made under tes; and that my nam	oath; that I a	m an officer	or director Block 11 if	

3(08/0b