

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22199

Entity Name: CENTURION AUTO TRANSPORT, INC.**Current Principal Place of Business:**5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209**Current Mailing Address:**5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209 US**FEI Number:** 59-2708755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 US*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**Officer/Director Detail :**

Title	PSD
Name	SHAFER, VICKI
Address	5912 NEW KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	V
Name	MCGARITY, CHARLES
Address	5912 NEW KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	V
Name	MCKINNEY, JACK
Address	5912 NEW KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	VP
Name	INGRAM, RICK S, JR
Address	5912 NEW KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32209

I hereby 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 all other like empowered.

SIGNATURE: VICKI SHAFER

PSD

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date