2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT #314784** 1. Entity Name 04-16-2008 90017 009 ***150.00 PENSER TRANSPORTATION INC Principal Place of Business Mailing Address 1610 INDUSTRIAL BOULEVARD 1610 INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32254 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. EEI Number 59-1160244 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shawn Barnett O'DELL, J.R. Street Address (P.O. Box Number is Not Acceptable 1610 Industrial 237 ADAMS LANE ORANGE PARK, FL 32003 Jacksonville 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 Shawn Barnett, CEO red agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD Delete TITLE TITLE ☐ Change ☐ Addition O'DELL, J R NAME NAME STREET ADORESS 237 ADAMS LANE STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP CFO Alison Witkwich 2487 Pinchurst Lane SD Delete TITLE ☐ Change Addition ENGLISH, SHERROD O. NAME NAME STREET ADDRESS 9721 CHESTERFIELD DR STREET ADDRESS orange Park FL 32003 CITY-ST-ZIP JACKSONVILLE, FL 00000, CITY-ST-ZIP COO O'Dell, JR Jr. 1741 Oleander Place PD TITLE ☐ Delete TITLE Change Change ☐ Addition NAME O'DELL, J.R. JR. NAME STREET ADDRESS 9556 PICKWICK DRIVE STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIF CITY-ST-ZIP Tacksonville FL 32210 TITLE ☐ Delete TITLE Change Addition shawn Barnett NAME NAME 395 Summerset Drive St Johns, FL 32259 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Addition ☐ Delete TITLE ☐ Change Crystal Renee Lambing 1245 Creek Bend Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32259 TITLE ☐ Delete TITLE ☐ Change Addition Scott Lane MAME NAME 1329 Honey suckle Dr STREET ADDRESS STREET ADDRESS CITY ST- 7P CITY-ST-ZIP FL 32259 S+ Johns 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 by 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 atta (q04) Shawn Barnett, CEO 4-10-08 **SIGNATURE**