

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811386

FILED
Apr 14, 2008
Secretary of State

Entity Name: CROWLEY LINER SERVICES, INC.

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

New Mailing Address:

9487 REGENCY SQUARE BLVD.
C/O BRUCE LOVE
JACKSONVILLE, FL 32225

FEI Number: 59-0835484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP T () Delete
Name: WARNER, DANIEL
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DSVP () Delete
Name: HOURIHAN, JOHN
Address: 9487 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DSVP () Delete
Name: GRUNE, ROB
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DCOB () Delete
Name: CROWLEY, THOMAS B JR.
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SVP () Delete
Name: DOUGLASS, JOHN
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC () Delete
Name: BRUCE, LOVE
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
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: BRUCE LOVE

SEC

04/14/2008

Electronic Signature of Signing Officer or Director

Date