## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003816

Entity Name: TIDEWATER TRANSIT CO. INC

FILED Feb 12, 2007 Secretary of State

		210 110 11011 00, 110.			
Current Principal Place of Business:			New Principal Place of Business:		
	HWAY 70 WES , NC 28504	Г			
Current Mailing Address:			New Mailing Address:		
P.O. BOX KINSTON,	189 NC 28502				
FEI Number	: 56-0515560	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
NORTH M	CAYNE BLVD., IIAMI BEACH, F	L 331801430 US	purpose of changing i	to registered office or registered agent or be	
	e named entity s e of Florida.	ubmits this statement for the p	ourpose or changing i	ts registered office or registered agent, or bot	
SIGNATUI					
Fl4: 0		c Signature of Registered Age	ent	Date	
Election Cal	mpaign Financing	Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	P () MCNAIRY, JOHI P.O. BOX 189 KINSTON, NC 2		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () COLLETTE, LAN P.O. BOX 189 KINSTON, NC 2		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () THERIAULT, TH PO BOX 189 KINSTON, NC 2		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () WARREN, KENI PO BOX 189 KINSTON, NC 2		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	( )	Delete	Title: Name: Address:	CFO ( ) Change (X) Addition TUCKER, KIM CFO P O BOX 189	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: KINSTON, NC 28502

SIGNATURE: KIM TUCKER CFO 02/12/2007

City-St-Zip: