


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000003816

1. Entity Name
 TIDEWATER TRANSIT CO, INC.



Principal Place of Business
 6174 HIGHWAY 70 WEST
 KINSTON, NC 28504

Mailing Address
 P.O. BOX 189
 KINSTON, NC 28502

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0515560	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, MARVIN I
 20801 BISCAYNE BLVD., STE. 506
 NORTH MIAMI BEACH, FL 33180-1430

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000200912
 02/19/08-80002-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAIRY, JOHN O P.O. BOX 189 KINSTON, NC 28502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLETTE, LANCE P.O. BOX 189 KINSTON, NC 28502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THERIAULT, THOMAS PO BOX 189 KINSTON, NC 28502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARREN, KENDRA PO BOX 189 KINSTON, NC 28502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TUCKER, KIM CFO P.O BOX 189 KINSTON, NC 28502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or 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 to 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 attachment with an address, with all other like empowered.

SIGNATURE: *Kim Tucker* Date: *2/10/08* 252-523-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #