

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003816

FILED
Apr 22, 2009
Secretary of State

Entity Name: TIDEWATER TRANSIT CO, INC.

Current Principal Place of Business:

6174 HIGHWAY 70 WEST
KINSTON, NC 28504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 189
KINSTON, NC 28502

New Mailing Address:

FEI Number: 56-0515560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, MARVIN I
20801 BISCAYNE BLVD., STE. 506
NORTH MIAMI BEACH, FL 331801430 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: P () Delete
Name: MCNAIRY, JOHN O
Address: P.O. BOX 189
City-St-Zip: KINSTON, NC 28502

Title: VP () Delete
Name: COLLETTE, LANCE
Address: P.O. BOX 189
City-St-Zip: KINSTON, NC 28502

Title: VP () Delete
Name: THERIAULT, THOMAS
Address: PO BOX 189
City-St-Zip: KINSTON, NC 28502

Title: ST () Delete
Name: WARREN, KENDRA
Address: PO BOX 189
City-St-Zip: KINSTON, NC 28502

Title: CFO () Delete
Name: TUCKER, KIM CFO
Address: P O BOX 189
City-St-Zip: KINSTON, NC 28502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCNAIRY, JOHN O
Address: P.O. BOX 189
City-St-Zip: KINSTON, NC 28502

Title: PRES (X) Change () Addition
Name: EMMERSON, ERIC
Address: P.O. BOX 189
City-St-Zip: KINSTON, NC 28502

Title: () Change () Addition
Name:
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: KIM TUCKER

CFO

04/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date