

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004510

1. Entity Name
SHAW TRANSPORT, INC.



Principal Place of Business

**616 E WALNUT AVENUE
DALTON, GA 30721**

Mailing Address

**P.O. DRAWER 2128
MAIL DROP 061-04
DALTON, GA 30722-2128**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1502689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELL, VANCE D 616 EAST WALNUT AVE. DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD EMBRY, GERALD R 616 EAST WALNUT AVE. DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, KENNETH G 616 EAST WALNUT AVE. DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOOPER, FREDERICK L 616 EAST WALNUT AVE. DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/07-80037-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23Apr107

Date

706 278 3812

Daytime Phone #