

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001733

FILED
Mar 15, 2007
Secretary of State

Entity Name: FUEL SOUTH EXPRESS, INC.

Current Principal Place of Business:

2020 HARRIS RD.
WAYCROSS, GA 31502

New Principal Place of Business:

3320 HARRIS RD.
WAYCROSS, GA 31502

Current Mailing Address:

P. O. BOX 2149
WAYCROSS, GA 31502

New Mailing Address:

FEI Number: 58-2020677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, GRANVILLE
303 CENTRE STREET
STE. 200
FERNANDINA BCH., FL 32034 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: STD () Delete
Name: JONES, PATRICK
Address: 1615 SEMINOLE SPRINGS RD
City-St-Zip: WAYCROSS, GA 31501

Title: D () Delete
Name: JONES, PATRICK
Address: 1615 SEMINOLE SPRINGS RD.
City-St-Zip: WAYCROSS, GA

Title: D () Delete
Name: JONES, J C JR
Address: 505 BENT TREE RD.
City-St-Zip: BLACKSHEAR, GA 31516

Title: P () Delete
Name: WALKER, JAMES A JR
Address: 217 RIVER OAKS DR.
City-St-Zip: BLACKSHEAR, GA 31516

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
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREG M HIGGINSON

CFO

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date