## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F96000000081

1. Entity Name

PERDUE TRANSPORTATION INCORPORATED



Mailing Address

31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801

Principal Place of Business

PO BOX 1537 SALISBURY, MD 21801 FILED Jul 16, 2004 08:00 AM Secretary of State



חח	NOT	WRITE	IN	<b>THIS</b>	SPACE
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07022004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S2-1188595 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

5.	Name and	Address of	Current Registered Agent	
				١

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET

SUITE 105

TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

SIGNATURE  Signative, types or printed name in registered agent are title if applicable  FILE NOWILL FEE IS \$550.00  Due by September 8, 2004  10. OFFICERS AND DIRECTORS  110. OFFICERS AND D			e purpose of changing its registered	f office or $\pi$	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
TILE DANNE STREET ADDRESS ANNE, MD STREET ADDRESS AND SALISBURY, MD 21004  TITLE DESCRIPTION OF THE STREET ADDRESS AND SALISBURY, MD 21004  TITLE DESCRIPTION OF THE STREET ADDRESS AND SALISBURY, MD 21004  TITLE DESCRIPTION OF THE STREET ADDRESS AND SALISBURY, MD 21004  TITLE DESCRIPTION OF THE STREET ADDRESS AND SALISBURY, MD 21004  TITLE DESCRIPTION OF THE STREET ADDRESS AND SALISBURY, MD 21004	-		tile if applicable (NOTE Registared	gent signature	required when reinstating)	- DATE
TITLE CD NAME STRET ADDRESS SALISBURY, MD  TITLE D NAME STRET ADDRESS ST	112211011111 12410 1000100					-
TURLEY, ROBERT A STREET ADDRESS GITY-ST-20P SALISBURY, MD  TIRE S NAME BARNES, R E STREET ADDRESS GITY-ST-21P PRINCESS ANNE, MD  TITLE T NAME MAHN, THOMAS E STREET ADDRESS GITY-ST-21P SALISBURY, MD 21004  TITLE D NAME PERDUE, FRANKLIN P STREET ADDRESS 1529 WOODLAND CITY-ST-20P SALISBURY, MD  TITLE NAME NAME NAME NAME NAME PERDUE, FRANKLIN P SALISBURY, MD  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS	CD PERDUE, JAMES A 5381 ROYAL MILE BLVD	ECTORS			U00000166889 07/16/04-80007-004 550.00
NAME BARNES, R E STREET ADDRESS CITY-ST-ZIP PRINCESS ANNE, MD  TITLE NAME MAHN, THOMAS E STREET ADDRESS CITY-ST-ZIP SALISBURY, MD 21004  TITLE D NAME PERDUE, FRANKLIN P STREET ADDRESS STREET ADDRESS SALISBURY, MD  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADORESS	TURLEY, ROBERT A 30705 FOX CHASE DR				
NAME WAHN, HOWAS E STREET ADDRESS 4406 STURBRIDGE DR SALISBURY, MD 21004  INTLE D NAME PERDUE, FRANKLIN P STREET ADDRESS 1529 WOODLAND CITY-ST-ZP SALISBURY, MD  TITLE NAME	NAME STREET ADDRESS	BARNES, R E RT 2 BOX 107	· · · · · · · · · · · · · · · · · · ·		DO	NOT WRITE
NAME PERDUE, FRANKLIN P STREET ADDRESS 1529 WOODLAND SALISBURY, MD TITLE NAME	NAME STREET ADDRESS	MAHN, THOMAS E 4406 STURBRIDGE DR			IN.	THIS SPACE
NAME .	NAME STREET ADDRESS	PERDUE, FRANKLIN P 1529 WOODLAND				- <del></del> <u>-</u> -
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 anofficer 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04 (410) 543-3862

Daytime Phone I

R. ElAINE BARNES