

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000081	
1. Entity Name PERDUE TRANSPORTATION INCORPORATED	

Principal Place of Business 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801	Mailing Address PO BOX 1537 SALISBURY, MD 21801
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1188595	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PERDUE, JAMES A 5381 ROYAL MILE BLVD SALISBURY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, ROBERT A 30705 FOX CHASE DR SALISBURY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, R E RT 2 BOX 107 PRINCESS ANNE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHN, THOMAS E 4406 STURBRIDGE DR SALISBURY, MD 21004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERDUE, FRANKLIN P 1529 WOODLAND SALISBURY, MD
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 exemption stated in Section 119.07(3)(d), 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: R. Elaine Barnes 7-8-04 (410) 543-3862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Elaine Barnes