2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # F96000000081

1. Entity Name
PERDUE TRANSPORTATION INCORPORATED

Principal Place of Business	Mailing Address
31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801	PO BOX 1537 SALISBURY, MD 21801

DO NOT WRITE IN THIS SPACE

04132005 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PERDUE, JAMES A
STREET ADDRESS	5381 ROYAL MILE BLVD
CITY-ST-ZIP	SALISBURY, MD
TITLE	D
NAME	TURLEY, ROBERT A
STREET ADDRESS	30705 FOX CHASE DR
CITY-ST-ZIP	SALISBURY, MD
TITLE	S
NAME	BARNES, R E
STREET ADDRESS	RT 2 BOX 107
CITY-ST-ZIP	PRINCESS ANNE, MD
TITLE	T
NAME	MAHN, THOMAS E
STREET ADDRESS	4406 STURBRIDGE DR
CITY-ST-ZIP	SALISBURY, MD 21004
TITLE	D
NAME	PERDUE, FRANKLIN P
STREET ADDRESS	1529 WOODLAND
CITY-ST-ZIP	SALISBURY, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80057-001 150.00

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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)(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 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 R. Elaine Barnes 4-18-05 (410) 543-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #