2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # H26995

1. Entity Name

SIGNATURE:

GAINESVILLE ROADRUNNER SERVICE, INC.



FILED Apr 03, 2008 08:00 AN Secretary of State

	•					
Principal Plac	e of Business ,	Mailing Address	444			
7502 NE 39TH ST		7502 NE 39TH ST	••			
GAINESVILL	_E FL 32609	GAINESVILLE FL 326	09.			
				.		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Number 59-2469966 Applied For Not Applicable		
Zip	Country	Zıp	Country	5. Certificate of Status Desired		
	6. Name and Address of Curre	ent Registered Agent	1	7. Name and Address of New Registered Agent		
				Name		
WEBB, HERBERT M. 4400-E NW 23RD AVE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
GAII	NESVILLE FL 32605					
			City	FL Z <sub>ID</sub> Code		
8. The above	named entity submits this statemen	nt for the purpose of changing its	s registered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	ions of registered agent.					
SIGNATURE .	Signature, typed or printed hann of rog stored is	particular francisco (NGT	E Registered Agor't signature req	equirid which constantig) DATE		
	ILE NOW!!! FEE IS \$150.00		t regarder real responsibility eq	Shear a residential. Date		
After	May 1, 2008 Fee Will Be \$550	.00		9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution.  Added to Fees		
10.		ND DIRECTORS & A CANADA		€ 26 AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	Delete Delete	TITLE "	☐ Change ☐ Addition		
NAME STREET ADDRESS	KEITH, ERIC EVERETT 7502 NE 39TH ST		NAME CYPTET ADDRESS	H00000878725		
CITY - ST- ZIP	GAINESVILLE FL		STREET ADDRESS CITY-ST-ZIP	U00000878725 04/14/08-80067-010 150.00		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addilion		
NAME	KEITH, BRENDA SUE		NAME			
STREET ADDRESS CITY-ST-ZIP	7502 NE 39TH ST GAINESVILLE FL		STRFET ADDRESS CITY-ST-ZIP			
TITLS		☐ Delete	TITLE	☐ Change ☐ Addution		
NAME			NAME			
STREET ADDRESS			STREET AODRESS			
CITY-ST-ZIP			CITY+ST-ZIP			
NAME		☐ Delete	TIFLE NAME	Change Addition		
STREET ADDRESS			STREET ADDRESS			
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CITY-ST-ZIP	•		CITY-ST-ZIP			
ŢĬŢĿ <b>F</b>		☐ Delete	TITLE	· 🗍 Change 🔲 Addition		
NAME CIDICI ADDOCCO			HAME			
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS	, ,		
12. I hereby	Legity that the information supplied	with this filing does not awaitive	for the exemptions conta	stained in Section 119, Florida Statutes. I further certify that the information		
indicated	On this report or supplemental repo	ort is true and accurate and that i	my signature shall have t	e the same legal effect as if made under oath; that I am an efficer or director, ter 607. Florida Statutes; and that my name appears in Block 10 or Block 11		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR