2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22199

Entity Name: CENTURION AUTO TRANSPORT, INC

FILED Apr 30, 2009 Secretary of State

Littly Nan	ie. CLITTORIOI	NAUTO TRANSFORT, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	KINGS ROAD /ILLE, FL 32209	US					
Current Mailing Address:			New Maili	New Mailing Address:			
	KINGS ROAD /ILLE, FL 32209	US					
FEI Number:	59-2708755 F	El Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
%JAMES A 4114 HERS JACKSON\ The above		E 105 US	4114 HÉRS SUITE 105 JACKSON	NOLAN, JAMES A P.A. 4114 HERSCHEL STREET SUITE 105 JACKSONVILLE, FL 32210 US of changing its registered office or registered agent, or both,			
in the State					0.4/0.0/0.00		
SIGNATUR		Diamentone	1	04/30/2009			
Election Cam		Signature of Registered Agen ust Fund Contribution ().	L		Date		
OFFICERS	AND DIRECTO	RS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () De SHAFER, HAROLD 5912 NEW KINGS JACKSONVILLE, F	lete A. ROAD	Title: Name: Address: City-St-Zip:		K) Change()Addition COLD A NGS ROAD		
Title: Name: Address: City-St-Zip:	VP () De SHAFER, VICKI 5912 NEW KINGS JACKSONVILLE, F	Title: Name: Address: City-St-Zip:	SHAFER, VIC 5912 NEW KII	• • • • • • • • • • • • • • • • • • • •			
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Zip:	V (MAULDIN, WI 5912 NEW KII JACKSONVILI	NGS ROAD		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	ne: MCGARITY, CHARLES L ress: 5912 NEW KINGS ROAD			
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Zip:	V (MCKINNEY, J. 5912 NEW KII JACKSONVILI	NGS ROAD		

I hereby certify that the information supplied with this filing does not qualify 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: VICKI SHAFER VSD 04/30/2009