



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L47827			
1. Entity Name ROAD & TRACK LOGISTICS, INC.			
Principal Place of Business 1387 ASHLEY OAKS DR JACKSONVILLE BEACH, FL 32250 US		Mailing Address PO BOX 50427 JACKSONVILLE, FL 32240 US	
DO NOT WRITE IN THIS SPACE			
		 01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0174609	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEAL, KATHLEEN A 1387 ASHLEY OAKS DRIVE JACKSONVILLE BEACH, FL 32250			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees U00000584140 01/12/07-80025-014 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	DEAL, KATHLEEN A		
STREET ADDRESS	1387 ASHLEY OAKS DR		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250		
TITLE	VP		
NAME	DEAL, CHRISTINE A		
STREET ADDRESS	1387 ASHLEY OAKS DRIVE		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32240		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kathleen A Deal</u>		1-5-07 904-247-2234	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	