2008 FOR PROFIT CORFORATION **ANNUAL REPORT**

DOCUMENT # L54281

1. Entity Name
TRACKING RAIL-REFRIGERATED & CARRIERS' EQUIPMENT, INC.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

625 ATLANTIC BLVD. ATLANTIC BCH, FL 32233-4025 US Mailing Address

625 ATLANTIC BLVD. ATLANTIC BCH, FL 32233-4025 US



01222008 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2997449

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED

PLEIMAN, THOMAS C JR 9471 BAY MEADOW RD STE 308 JACKSONVILLE, FL 32256

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			. > .		
the obligat	named entity submits this statement for the pions of registered agent	urpose of changing its register	ed office or registered agent, or I	both, in the State of Fiorida. I am famillar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	id Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					· L
10.	OFFICERS AND DIREC	CTORS	44.41	MESAN IN	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRY, EDWARD, P 108 ANCILLA LANE PONTE VEDRA BCH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRY, DOROTHY, E 108 ANCILLA LANE PONTE VEDRA BCH, FL		M v i	000000839382 03/06/08-80006-01	3 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DC	NOT WRITE	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

OFFICER OR DIRECTOR