


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000000392</b>		
1. Entity Name QUACK TRANSPORT, INC.		
Principal Place of Business 1610 DUNDEE RD. WINTER HAVEN, FL 33884	Mailing Address 1610 DUNDEE RD. WINTER HAVEN, FL 33884	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  REILLY, FRED ESQ 95 S. 10TH ST. HAINES CITY, FL 33844		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		000000789998 01/23/08-80015-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUACKENBUSH, DANA 1610 DUNDEE RD. WINTER HAVEN, FL 33884	<b>DO NOT WRITE IN THIS SPACE</b>
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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>Dana Quackenbush</u> <b>DANA QUACKENBUSH PRES.</b> 1/17/08 (863) 293-0046 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		