

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 A
Secretary of State

DOCUMENT # P00000006584

1. Entity Name
EXPEDITE TRANSPORT, INC.



Principal Place of Business
**5100 VIVIAN PLACE
TAMPA, FL 33619**

Mailing Address
**5100 VIVIAN PLACE
TAMPA, FL 33619**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3618977	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMES T GRAY
6710 FORREST ST
HOLLYWOOD, FL 33024**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAY, SHARON M
STREET ADDRESS 5100 VIVIAN PLACE
CITY-ST-ZIP TAMPA, FL 33619

TITLE VD
NAME GRAY, FRED P
STREET ADDRESS 5100 VIVIAN PLACE
CITY-ST-ZIP TAMPA, FL 33619

TITLE STD
NAME GRAY, JAMES T
STREET ADDRESS 5100 VIVIAN PLACE
CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000840406
03/06/08-80048-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-2008 386-330-0220