

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2008 APR 30 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115000

1. Entity Name
EAGLEWINGS TRANSPORT, INC.



Principal Place of Business
390 GRACE CUNNINGHAM RD
QUINCY, FL 32352

Mailing Address
P. O. BOX 837
QUINCY, FL 32353-0837



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684826	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, RICKY R
390 GRACE CUNNINGHAM RD
QUINCY, FL 32352

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD CUNNINGHAM-JOSEPH, ANGELA K 390 GRACE CUNNINGHAM RD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, RICKY R 390 GRACE CUNNINGHAM RD QUINCY, FL 32352
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04/30/08--01020--019 **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: Angela K. Cunningham-Joseph 4-30-08 850-627-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #