

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117240

Entity Name: FEC HIGHWAY SERVICES, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

ONE MALAGA BAY PKWY SW.
JACKSONVILLE, FL 32258

New Principal Place of Business:

ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

ONE MALAGA BAY PKWY SW.
JACKSONVILLE, FL 32258

New Mailing Address:

ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084

FEI Number: 59-3688077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDINS, HEIDI J
ONE MALAGA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: ANESTIS, ROBERT
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D/P () Delete
Name: MCPHERSON, JOHN D
Address: ONE MALAGA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: EDDINS, HEIDI J
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: AVP () Delete
Name: MACINNES, DAVID A
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VPT () Delete
Name: LEHAN, BRADLEY D
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V () Delete
Name: BRAMLITT, AMY
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: HENRIQUES, ADOLFO
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI J. EDDINS

S

04/26/2005

Electronic Signature of Signing Officer or Director

Date