## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000057636

1960 BRUTON BLVD

ORLANDO, FL 32805

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Name: ANVIL TRANSPORTATION, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	TON BOULEV ), FL 32805	ARD			
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
1960 BRU ORLANDO	TON BOULEV ), FL 32805	ARD			
FEI Number:	59-3733866	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
4285 OWE	SHELDON INS STREET D, FL 32811	US	WATSON, SHELDON B 4285 OWENS STREET ORLANDO, FL 32811	US	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE: SHELDO	N B WATSON		04/29/2008	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( GRAY, TERAN 1960 BRUTON ORLANDO, FL	BLVD	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WATSON, SHE 4285 OWENS		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LATIMER, DAV 1980 BRUTON ORLANDO, FL	BLVD	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	D ( BOSTICK, SAN	) Delete ⁄IUEL M SR	Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: SHELDON B WATSON 04/29/2008 D