

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106079

FILED
Apr 03, 2008
Secretary of State

Entity Name: ROADWAY WORKER TRAINING INC.

Current Principal Place of Business:

6621 SOUTHPOINT DRIVE N
STE 120
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551099
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3754325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRCHER, SALLY J
ONE INDEPENDENT DRIVE- SUITE 3303
JACKSONVILLE, FL 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: PD () Delete
Name: CASHWELL, JAMES L
Address: 143 PARKSIDE DR
City-St-Zip: ST AUGUSTINE, FL 32095

Title: EVP () Delete
Name: CRISAFI, PATSY J
Address: 1991 RYAN ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: BATES, DONALD R
Address: 4204 HONEYSUCKLE CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: RAMSEY, STEPHEN K
Address: 12833 HUNTLEY MANOR DR.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: DONALD R BATES

VP

04/03/2008

Electronic Signature of Signing Officer or Director

Date