

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000083205

FILED
Nov 07, 2008
Secretary of State**Entity Name:** TEETERS CONTRACTING & TRANSPORT, INC.**Current Principal Place of Business:**32595 US HWY 441 N.
OKEECHOBEE, FL 34972**New Principal Place of Business:****Current Mailing Address:**2083 NW 42ND AVENUE
OKEECHOBEE, FL 34972**New Mailing Address:****FEI Number:** 13-4212844**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROOME, WILLIAM R.H.
1818 AUSTRALIAN AVENUE S.
WEST PALM BEACH, FL 33409 US**Name and Address of New Registered Agent:**BROOME, WILLIAM R.H.
1818 AUSTRALIAN AVENUE S.
SUITE 200
WEST PALM BEACH, FL 33409 US

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

11/07/2008

Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: SANTOS, WINNIE C
Address: 2083 NW 42ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP (X) Delete
Name: SANTOS, JOSE L
Address: 2083 NW 42ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WINNIE C. SANTOS

P

11/07/2008

Electronic Signature of Signing Officer or Director_____
Date