


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000130982 1. Entity Name CHOPCO TRANSPORT, INC.	
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Principal Place of Business 7747 NW 176TH LANE REDDICK, FL 32686	Mailing Address P.O. BOX 1004 FAIRFIELD, FL 32634
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03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 92-0178933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JOHN M  
 7747 NW 176TH LANE  
 REDDICK, FL 32686

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

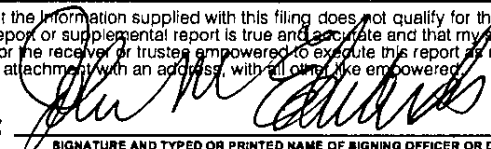

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EDWARDS, JOHN M 17484 NW CR 225 FAIRFIELD, FL 32634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, VICKI A 15331 ROBERTS BARN ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 06/03/08-80071-014 150.00

**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:  5-1-08 Date  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR