

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148922

FILED  
Sep 17, 2008  
Secretary of State

Entity Name: D'FAITHFUL TRANSPORTATION, INC.

## Current Principal Place of Business:

467 LAKE HOWELL ROAD  
SUITE 103  
MAITLAND, FL 32751

## New Principal Place of Business:

469 AULIN AVENUE  
OVIEDO, FL 32765

## Current Mailing Address:

467 LAKE HOWELL ROAD  
SUITE 103  
MAITLAND, FL 32751

## New Mailing Address:

469 AULIN AVENUE  
OVIEDO, FL 32765

FEI Number: 90-0131257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIXON, WALTER  
467 LAKE HOWELL ROAD  
SUITE 103  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

DIXON, WALTER  
469 AULIN AVENUE  
OVIEDO, FL 32765 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:

09/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIXON, VONYA F  
Address: 135 N LAKEWOOD CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: VPD ( ) Delete  
Name: DIXON, WALTER  
Address: 135 N. LAKEWOOD CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: THOMAS, JAMES JR  
Address: 467 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: THOMAS, BETTY J  
Address: 467 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DIXON, VONYA F  
Address: 469 AULIN AVENUE  
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition  
Name: DIXON, WALTER  
Address: 469 AULIN AVENUE  
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition  
Name: THOMAS, JAMES JR  
Address: 469 AULIN AVENUE  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition  
Name: THOMAS, BETTY J  
Address: 469 AULIN AVENUE  
City-St-Zip: OVIEDO, FL 32765

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: WALTER DIXON

VPD

09/17/2008

Electronic Signature of Signing Officer or Director

Date