



# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000037166</b> 1. Entity Name <b>DAN'S TRANSPORT INC.</b>						<div style="text-align: center;"> <b>FILED</b>  <b>08 MAY 29 PM 1:20</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>875 EUCHEE CHAPEL ROAD</b> <b>SPRING CITY, TN 37381</b>				Mailing Address <b>875 EUCHEE CHAPEL ROAD</b> <b>SPRING CITY, TN 37381</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number <b>20-0822302</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HEBEL, DANIEL</b> <b>8226 95TH COURT</b> <b>VERO BEACH, FL 32967</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEBEL, DANIEL J</b> <b>875 EUCHEE CHAPEL DRIVE</b> <b>SPRING CITY, TN 37381</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Hebel, Debra A</b> <b>875 Euchee Chapel Rd</b> <b>Spring City, TN 37381</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>Dan &amp; Debra Hebel</i>				<b>5/27/08 423-365-5497</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			