2005 FOR PROFIT CORPORATION

SIGNATURE: _

SELECTION OF THE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR CIRECTOR

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90495 029 ***150.00 DOCUMENT # P04000081854 C.C.E. TRANSPORTATION, INC. 40074172 Principal Place of Business Mailing Address 8153 SETTLERS LANDING TRAIL 8153 SETTLERS LANDING TRAIL JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. ≠, etc. Suite, Apt. #, etc. 01262005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number No: Applicable 20-1158/02 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name EMSLIE, CHARLES C Street Address (P.O. Box Number is Not Acceptable) 8153 SETTLERS LANDING TRAIL JACKSONVILLE, FL 32244 City 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. Tam familiar with, and accept SIGNATURE Solution appeter or if in national representaginal and isolif applicable. (IJCHE Registered Agent signature statured when retreating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TH TITLE P ☐ Defete TITLE ☐ Change ☐ Apphion HAME EMSLIE, CHARLES C NAME STRICT ADDRESS 8153 SETTLERS LANDING TRAIL STRUET ADDRESS GIY ST ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition HAVE NAME STREET ADDRESS STREET ADDRESS CTY-ST ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Applition HAVE NAME STELET ADDIRESS STREET AUTORESS CTY ST ZIF CITY-ST ZIP HD F Delete HULL Change Add tion DAME STEFFT ADDRESS STREET ADDRESS C TY S1 2P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAVE MANE STREET ADDRESS STREET ADDRESS CFTY-ST-EIP CITY-ST-ZIP INE ☐ Delde TITLE ☐ Addition □ Channe HAME HAVE STELET ADDRESS STREET ADDRESS CITY ST-2P CHY ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it made under early that I am an efficar 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.

FILED

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