

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119631

Entity Name: EDWARDS TRANSPORT INC

FILED
Jul 26, 2006
Secretary of State

Current Principal Place of Business:

1183 TUMBLEWEED RUN
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1183 TUMBLEWEED RUN
TALLAHASSEE, FL 32311

New Mailing Address:

1110 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, AUDLEY
1183 TUMBLEWEED RUN
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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

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: P () Delete
Name: CAMPBELL, AUDLEY
Address: 1183 TUMBLEWEED RUN
City-St-Zip: TALLAHASSEE, FL 32311

Title: V () Delete
Name: CAMPBELL, ALICE
Address: 2003 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: CAMPBELL, AUDIA
Address: 1183 TUMBLEWEED RUN
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: HOBBS, HORACE ASST.
Address: 496 DEWEY JOHNSON RD
City-St-Zip: GRETN, FL 32332

Title: T () Delete
Name: CAMPBELL, TAKARA
Address: 1183 TUMBLEWEED RUN
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: AUDLEY CAMPBELL

P

07/26/2006

Electronic Signature of Signing Officer or Director

Date