

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000124280**

1. Entity Name

GRITNEY TRANSPORTATIONS, INC



Principal Place of Business

2271 BONIFAY GRITNEY RD  
BONIFAY, FL 32425

Mailing Address

P.O. BOX 507  
GENEVA, AL 36340



01052006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1643766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, LISA M  
1196 ENGLISH LN  
WESTVILLE, FL 32464

**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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, MELVIN
STREET ADDRESS	2271 BONIFAY GRITNEY RD
CITY - ST - ZIP	BONIFAY, FL 32425
TITLE	VP
NAME	HARRIS, MARGARET
STREET ADDRESS	2271 BONIFAY GRITNEY RD
CITY - ST - ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000425188  
02/18/06-80082-021 150.00

**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:** Melvin Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/06 850 548 5499  
Date Daytime Phone #