


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 042 ***150.00

DOCUMENT # P04000129064
 1. Entity Name
 PEYTON RIVER TERMINALS, INC.



Principal Place of Business
 1300 WIGMORE ST.
 JACKSONVILLE, FL 32206

Mailing Address
 1300 WIGMORE ST.
 JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-1690582

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 F&L CORP.
 ONE INDEPENDENT DR., SUITE 1300
 JACKSONVILLE, FL 32202

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	D
NAME	PENLAND, DAVID V SR.
STREET ADDRESS	1300 WIGMORE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	PENLAND, DAVID V JR.
STREET ADDRESS	1300 WIGMORE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	PENLAND, CYNTHIA W SR.
STREET ADDRESS	1300 WIGMORE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	PENLAND, THADDEUS
STREET ADDRESS	1300 WIGMORE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *David V Penland* **D V PENLAND SR** 3/2/06 904-369322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #