
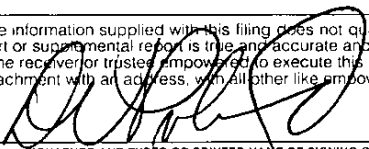


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90189 046 \*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1690582 Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
F&L CORP. ONE INDEPENDENT DR., SUITE 1300 JACKSONVILLE, FL 32202		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D PENLAND, DAVID V SR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENLAND, DAVID V SR.	NAME		
STREET ADDRESS	1300 WIGMORE ST.	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP		
TITLE	D PENLAND, DAVID V JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENLAND, DAVID V JR.	NAME		
STREET ADDRESS	1300 WIGMORE ST.	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP		
TITLE	D PENLAND, CYNTHIA W SR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENLAND, CYNTHIA W SR.	NAME		
STREET ADDRESS	1300 WIGMORE ST.	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP		
TITLE	D PENLAND, THADDEUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENLAND, THADDEUS	NAME		
STREET ADDRESS	1300 WIGMORE ST.	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 		DV PENLAND SR. 4/11/07 (904) 356-9322		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ D, Y, Time Phone: # _____		

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03282007 Chg-P CR2E034 (12/06)