

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130931

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** THE FLORIDA INTERMODAL TRANSPORTATION ASSOCIATION, INC.

**Current Principal Place of Business:**

106 EAST COLLEGE AVENUE  
SUITE 640  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

106 EAST COLLEGE AVENUE  
SUITE 640  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-1572609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHESTNUTT, KELLI S  
106 EAST COLLEGE AVENUE  
SUITE 640  
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARKEY, JEFFREY B  
Address: 106 EAST COLLEGE AVENUE, SUITE 640  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: JOHNSON, BILL  
Address: 106 EAST COLLEGE AVENUE, SUITE 730  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete  
Name: HEGLER, TRACY  
Address: 106 EAST COLLEGE AVENUE, SUITE 730  
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete  
Name: ARD, SAM  
Address: 106 EAST COLLEGE AVENUE, SUITE 730  
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete  
Name: CUMBER, HUSEIN  
Address: 106 EAST COLLEGE AVENUE, SUITE 730  
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete  
Name: LONG, JAMES  
Address: 106 EAST COLLEGE AVENUE, SUITE 730  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: JEFFREY SHARKEY

P

01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date