


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000045124  
 1. Entity Name  
 SHADOW EXPRESS TRUCKING, INC.



Principal Place of Business  
 1488 SEKANI COURT  
 ORANGE PARK, FL 32073

Mailing Address  
 1488 SEKANI COURT  
 ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3471393

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAXTON, JEAN  
 1488 SEKANI COURT  
 ORANGE PARK, FL 32073

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAXTON, JEAN
STREET ADDRESS	1488 SEKANI COURT
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

U00000956750  
 07/31/08-80003-007 150.00

**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:  Date: 7/31/08 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR