2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P05000109114

Entity Name: FLORIDA TRANSFER AND RELOCATION, INC.

Current Principal Place of Business:

2 CHARLES ST
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

3520 AGRICULTERAL CENTER DR.
SUITE 303
ST. AUGUSTINE, FL 32092

Current Mailing Address:

2 CHARLES STREET
ST. AUGUSTINE, FL 32086

New Mailing Address:

3520 AGRICULTERAL CENTER DR.
SUITE 303
ST. AUGUSTINE, FL 32092

FEI Number: 80-0135570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAVAN, TRAD
89 CATALINA CIRCLE
ST. AUGUSTINE, FL 32086 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 (X) Delete
Name: BARROW, BILLY JACK
Address: 2 CHARLES STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP ( ) Delete
Name: RAVAN, TRAD
Address: 89 CATALINA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ST ( ) Delete
Name: GREEN, JOSEPH
Address: P.O. BOX 1064
City-St-Zip: ST. AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GREEN, JOSEPH
Address: P.O. BOX 1064
City-St-Zip: ST. AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify 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: TRAD RAVAN VP 02/13/2008

Electronic Signature of Signing Officer or Director — Date