2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116757

Address:

City-St-Zip:

P.O. BOX 510

THONOTOSASSA, FL 33592

Entity Name: DJ & T TRANSPORTATION, INC.

FILED Feb 21, 2009 Secretary of State

Entity Nai	me: DJ&TTRA	NSPORTATION, INC.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
12219 KNIGHTS GRIFFIN RD. P.O. BOX 510 THONOTOSASSA, FL 33592				12219 KNIGHTS GRIFFIN RD. THONOTOSASSA, FL 33592	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
12219 KNIGHTS GRIFFIN RD. P.O. BOX 510 THONOTOSASSA, FL 33592				12219 KNIGHTS GRIFFIN RD. THONOTOSASSA, FL 33592	
FEI Number:	: 20-3414079	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
BOTTI, JOYCE A 38544 CALVIN AVE ZEPHYRHILLS, FL 33542 US			38544 ĆALVIN A\	BIDDLE, JOYCE A 38544 CALVIN AVE ZEPHYRHILLS, FL 33542 US	
	named entity sub of Florida.	omits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: JOYCE BIDDLE				02/21/2009	
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De BIDDLE, JOYCE A PO BOX 310 THONOTOSASSA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De BOTTI, DIANE PO BOX 510 THONOTOSASSA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () De	elete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS BOTTI VP 02/21/2009