


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90021 039 ***150.00

DOCUMENT # P05000148542
 1. Entity Name
 C.P.E. TRANSPORTATION DIVISION, INC.



Principal Place of Business Mailing Address
 9820 W BERRY CT 9820 W BERRY CT
 N FT MYERS FL 33903 N FT MYERS FL 33903



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 PO Box 4099 PO Box 4099
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 N. Ft. Myers FL N. Ft. Myers FL
 Zip Country Zip Country
 33918 USA 33918 USA

4. FEI Number 20-3759078 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBERTSON, WESLEY L
 9820 WEST BERRY CT
 NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE D	ROBERTSON, WESLEY L <input type="checkbox"/> Delete
NAME	ROBERTSON, WESLEY L
STREET ADDRESS	9820 W BERRY CT
CITY-ST-ZIP	N FT MYERS FL 33903
TITLE VP	FLYNN, JACK C <input type="checkbox"/> Delete
NAME	FLYNN, JACK C
STREET ADDRESS	9820 W BERRY CT
CITY-ST-ZIP	N FT MYERS FL 33903
TITLE SEC	FERNANDEZ, LESTER <input type="checkbox"/> Delete
NAME	FERNANDEZ, LESTER
STREET ADDRESS	9820 W BERRY CT
CITY-ST-ZIP	N FT MYERS FL 33903
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wes Robertson **2-26-08** **239-872-8017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #