2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050663

Address:

City-St-Zip:

9032 LOST MILL DR.

LAND O LAKES, FL 34638

Entity Name: BLACKHAWK TRANSPORT, INC.

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9032 LOST MILL DR. LAND O LALKES, FL 34638 **Current Mailing Address: New Mailing Address:** 9032 LOST MILL DR. 9032 LOST MILL DR. LAND O LAKES, FL 34638 LAND O LALKES, FL 34638 FEI Number: 56-2573593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHAPMAN, SHARON ANN CHAPMAN, SHARON A Name: Name: 9032 LOST MILL DR. 9032 LOST MILL DR. Address: Address: City-St-Zip: LAND O LAKES, FL 34638 City-St-Zip: LAND O LAKES, FL 34638 () Delete Title: VΡ Title: () Change () Addition Name: CHAPMAN, MARK S Name: 9032 LOST MILL DR Address: Address: LAND O LAKES, FL 34638 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition BISHOP, TERRY Name: Name: 2227 HAMA DR Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: Title: () Delete Title: () Change () Addition CHAPMAN, MARK S Name: Name:

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: MARK CHAPMAN VP 03/28/2008