## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000098061

Entity Name: ITL TRANSPORTATION, INC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9485 REGENCY SQUARE BLVD

SUITE 415

JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEGLER, MITCHELL W 300A WHARESIDE WAY

300A WHARFSIDE WAY JACKSONVILLE, FL 32226

32226 US

LEGLER, MITCHELL W 50 N. LAURA ST., BANK OF AMERICA TOWER

SUITE 2900

JACKSONVILLE, FL 32202 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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: PATCH, GLENN R

Address: 1820 COLUMBIA DR. E

City-St-Zip: FRESNO, CA 93727 US

Title: VP ( ) Delete
Name: SAIN, BERNARD S

Address: 8898-1 BLOUNT ISLAND BLVD City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP/S ( ) Delete
Name: LEGLER, MITCHELL W

Address: 300A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ( ) Delete

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

Name: PATCH, GLENN R

Address: 9485 REGENCY SQ. BLVD., STE. 415 City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D (X) Change ( ) Addition

Name: SAIN, BERNARD S

Address: 9485 REGENCY SQ. BLVD. , STE. 415 City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D (X) Change ( ) Addition

 Name:
 LEGLER, MITCHELL W

 Address:
 50 N. LAURA ST., SUITE 2900

 City-St-Zip:
 JACKSONVILLE, FL 32202 US

Title: D ( ) Change (X) Addition

Name: SAIN, JASON A

Address: 9485 REGENCY SQ. BLVD., STE. 415

City-St-Zip: JACKSONVILLE. FL 32225

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: MITCHELL D. SWANSON VP 04/15/2009