


FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90084 023 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000098445			
1. Entity Name FAIR EXPEDITED TRANSPORT, INC.			
Principal Place of Business 7777 SW 152 PLACE DUNNELLON, FL 34432 US		Mailing Address 7777 SW 152 PLACE DUNNELLON, FL 34432 US	
2. Principal Place of Business - No P.O. Box # 13910 SW 53RD ST.		2. Mailing Address 15816 CLEARSPRING RD	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Ocala, FLORIDA		City & State WILLIAMSPORT, MD	
Zip 34481		Zip 21795	
Country USA		Country USA	
4. FBI Number 20-5280839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FAIR, MICHAEL L 15816 CLEARSPRING RD WILLIAMSPORT, MD 21795.		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: <u>Michael L. Fair</u> DATE: <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE MONTHLY FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	FAIR, MELISSA A		
STREET ADDRESS	15816 CLEARSPRING RD		
CITY - ST - ZIP	WILLIAMSPORT, MD 21795.		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	FAIR, MICHAEL L		
STREET ADDRESS	15816 CLEARSPRING RD		
CITY - ST - ZIP	WILLIAMSPORT, MD 21795.		
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			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELISSA FAIR		
STREET ADDRESS	15816 CLEARSPRING RD		
CITY - ST - ZIP	WILLIAMSPORT, MD 21795.		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL FAIR		
STREET ADDRESS	15816 CLEARSPRING RD		
CITY - ST - ZIP	WILLIAMSPORT, MD 21795.		
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 Chapter 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: <u>Michael L. Fair</u>		DATE: <u>4/16/07</u> (240) 527-9935	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ADDRESS OFFICER OR DIRECTOR</small>			

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66014555

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Principal Place of Business 7777 SW 152 PLACE DUNNELLON, FL 34432 US			Mailing Address 7777 SW 152 PLACE DUNNELLON, FL 34432 US		
2. Principal Place of Business - No P.O. Box # 13910 SW 53RD STREET		3. Mailing Address 15816 CLEARSRING RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA, FLORIDA		City & State WILLIAMSPORT, MO		4. FEI Number 20-5280839	
Zip 34481		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAIR, MICHAEL L 7777 SW 152ND PLACE DUNNELLON, FL 34432			7. Name and Address of New Registered Agent Name FAIR, MICHAEL LYNN Street Address (P.O. Box Number is Not Acceptable) 13910 SW 53RD STREET City OCALA, FL Zip Code 34481		
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: <u><i>Michael L. Fair</i></u> DATE: <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIR, MELLISSA A 7777 SW 152ND PLACE DUNNELLON, FL 34432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEUSSA A. FAIR 15816 CLEARSRING RD WILLIAMSPORT, MO 64795 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAIR, MICHAEL L 7777 SW 152ND PLACE DUNNELLON, FL 34432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL L FAIR 13910 SW 53 RD STREET OCALA, FLORIDA 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u><i>Michael L. Fair</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/16/07</u> (240) 527-9935 <small>Daytime Phone #</small>		

ATTACHMENT

66614555
P06000098445

Fair Expedited Transport Incorporated
13910 SW 53rd Street
Ocala, FL 34481

May 8, 2007

To Whom It May Concern:

This letter is written to inform the Division of Corporations of the corrected form originally mailed on May 2, 2007. Enclosed is the original filed document along with a new copy of the document recently downloaded from the sunbiz website. I am the registered agent of Fair Expedited Transport Inc. I am also a resident of Ocala, Florida, and spend a few months a year in Maryland. The check originally written and sent with the first annual report cleared my bank on May 6, 2007. I hope that this information will help you, and my report can be filed.

Any questions, please call: 240-527-9935, or 240-625-1497.

Sincerely,

Michael L. Fair
Vice President
Fair Expedited Transport Inc.