

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024401

FILED
Aug 05, 2008
Secretary of State

Entity Name: TROWELL TRANSPORT ENTERPRISES INC

Current Principal Place of Business:

846 SW MAIN BLVD
LAKE CITY, FL 32025

New Principal Place of Business:

640 SW 10TH TERRACE
LAKE BUTLER, FL 32054

Current Mailing Address:

P.O. BOX 64
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 06-1835352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWELL, KAREN
846 SW MAIN BLVD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TROWELL, KAREN
Address: P.O. BOX 64
City-St-Zip: LAKE BUTLER, FL 32054

Title: VP () Delete
Name: TROWELL, KAY
Address: P.O. BOX 65
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KAREN TROWELL

P

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date