

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055547

FILED
Mar 26, 2009
Secretary of State

Entity Name: SOUTH EAST INTERMODAL TRUCKING INC

Current Principal Place of Business:

11453 BRIDGES RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

6561 GUTHRIE RD.
JACKSONVILLE, FL 32254 US

Current Mailing Address:

11453 BRIDGES RD
JACKSONVILLE, FL 32218 US

New Mailing Address:

6561 GUTHRIE RD.
JACKSONVILLE, FL 32254 US

FEI Number: 20-8767050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENSON, ROXANN E
11453 BRIDGES RD
JACKSONVILLE, FL 32218 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VENSON, ARTHUR R SR
Address: 11453 BRIDGES RD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P () Delete
Name: VENSON, ROXANN E
Address: 11453 BRIDGES RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

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: ROXANN E. VENSON

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date