2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

DOCUMENT # P07000094503 1. Entity Name T & T BROWN LOGISTICS, INC.					02-19-2008 90021 041 ***150.00		
		Maritime Address		 			
Principal Place of Business 8430 SE-143RD ST INGLIS, FL 34449		Mailing Address 8430 SE 143RD ST INGLIS, FL 34449	į.			- 1	C + 12 +
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
21 Timelpair lass of Sasmoss 116 T.S. Box II		5. Walling Address		# 18 BUISEL N	BOMI (FOLLOW) BOMI BOMI		EB 3 67
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 26 - 0	887323	1 - 1	plied For t Applicable
Zip **	Country	Zip (Country	5. Certificate	of Status Desired	\$3.75 Add Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New I		
DROMAL TONY C			Name	Name			
BROWN, TONY G 8430 SE 143RD ST INGLIS, FL 34449			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
INGLIS, FI	L 34449						
		,	City			FL Zip Code	•
8. The above	named entity submits this statement	for the purpose of changing its reg	istered office or regis	stered agent, or bo	th, in the State of F	lorida. i am familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	gistered Agent signature requ	uired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				55.00 May Be added to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTORS	S IN 11
TITLE	D	☐ Delete		P, P		Change	Addition
NAME STREET ADDRESS	BROWN, TONY G 8430 SE 143RD ST		NAME STREET ADDRESS				
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP		•		
TITLE		☐ Delete	TITLE	···		☐ Change	Addition
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TITLE .	"	☐ Delete	TITLE	•		☐ Change	Addition
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		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition
NAME		☐ Delete	TITLE NAME			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE			☐ Change	Addition
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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:

NATURE AND TO BE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/14/08 352-303-6214