2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129477

FILED Aug 24, 2008 Secretary of State

Entity Name: G&PTR	ANSPORTATION, INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
1475 JOHNS LAKE ROAD CLERMONT, FL 34711			14745 JOHNS LAKE ROAD CLERMONT, FL 34711		
Current Mailing Address:		New Maili	New Mailing Address:		
1475 JOHNS LAKE ROAD CLERMONT, FL 34711			14745 JOHNS LAKE ROAD CLERMONT, FL 34711		
FEI Number: 26-1503943	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
SHOEMAKER, PATRICIA 1475 JOHNS LAKE ROA CLERMONT, FL 34711	14745 JOH	SHOEMAKER, PATRICIA A 14745 JOHNS LAKE ROAD CLERMONT, FL 34711 US			
The above named entity sin the State of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:		08/24/2008			
Electror	nt	 Date			
	3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: SHOEMAKER, Address: 1475 JOHNS L/ City-St-Zip: CLERMONT, FI Title: () Name: Address: City-St-Zip:	AKE ROAD . 34711 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SHOEMAKER. 14745 JOHNS CLERMONT, F V (WOMBLE, ALI 14745 JOHNS CLERMONT, F	S LAKE ROAD FL 34711) Change (X) Addition LAN R S LAKE ROAD FL 34711	
Title: () Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	S (SHOEMAKER, 14745 JOHNS CLERMONT, F	LAKE ROD	

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: PATRICIA A SHOEMAKER DP 08/24/2008