

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107326

FILED
Aug 28, 2009
Secretary of State

Entity Name: GOLDEN CHARIOT TRANSPORTATION, INC.

Current Principal Place of Business:

270 AINSLEY STREET
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

270 AINSLEY STREET
PALM BAY, FL 32909

New Mailing Address:

PO BOX 111515
PALM BAY, FL 32911

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERR, LEEKA
1334 TIDEWELL STREET
PALM BAY, FL 32909 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: P () Delete
Name: KERR, LEEKA
Address: 1334 TIDEWELL STREET
City-St-Zip: PAM BAY, FL 32909 US

Title: VP () Delete
Name: CAMPBELL, DADLINE
Address: 223 SOUTHGATE BLVD.
City-St-Zip: MELBOURNE, FL 32901 US

Title: TRES () Delete
Name: SIMON, JOYCELINE
Address: 223 SOUTHGATE BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: SEC () Delete
Name: SIMON, ARETHA
Address: 223 SOUTHGATE BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: SIMON, AGRIE
Address: 1881 FALLON BLVD, NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: SIMON, DERRICK
Address: 223 SOUTHGATE BLVD.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/TR (X) Change () Addition
Name: KERR, LEEKA
Address: 1334 TIDEWELL STREET
City-St-Zip: PAM BAY, FL 32909 US

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

Title: D (X) Change () Addition
Name: SIMON, JOYCELINE
Address: 223 SOUTHGATE BLVD.
City-St-Zip: MELBOURNE, FL 32901

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

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: LEEKA KERR

PRE

08/28/2009

Electronic Signature of Signing Officer or Director

Date