2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091511

Entity Name: A. & D. TRANSPORTATION & SERVICES INC.

FILED May 17, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1035 WOOLBRIGHT HOLLOW RD 1035 WOOLBRIDGE HOLLOW ROAD JACKSONVILLE, FL 32218

JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

1035 WOOLBRIGHT HOLLOW RD 1035 WOOLBRIDGE HOLLOW ROAD

JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

FEI Number: 27-1307863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSLEY, AUDREY B MOSLEY, AUDREY B

1035 WOOLBRIGHT HOLLOW RD 1035 WOOLBRIDGE HOOLOW ROAD JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

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: AUDREY BLAIR MOSLEY 05/17/2010

> 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:

Name: MOSLEY, AUDREY B

1035 WOOLBRIGHT HOLLOW RD Address: City-St-Zip: JACKSONVILLE, FL 32218

Title: DV

Name: MOSLEY, DARRELL E

1035 WOOLBRIGHT HOLLOW RD Address: JACKSONVILLE, FL 32218 City-St-Zip:

Title: DS

MOSLEY, CORINE Name:

1035 WOOLBRIGHT HOLLOW RD Address: City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: AUDREY BLAIR MOSLEY CEO 05/17/2010