## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033627

City-St-Zip:

Entity Name: ALLRED TRANSPORT, INC.

FILED Mar 25, 2009 Secretary of State

	iiei //LLINED I	10,410,1010,1110.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ENWOOD DR D, FL 33810					
Current Mailing Address:			New Maili	New Mailing Address:		
7405 HAVENWOOD DR LAKELAND, FL 33810				4615 GREENBRIAR RD LAKELAND, FL 33810		
FEI Number:	: 59-3193166	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ALLRED, JAMIE 7405 HAVENWOOD DR LAKELAND, FL 33810 US			4615 GRE	ALLRED, JAMIE 4615 GREENBRIAR RD LAKELAND, FL 33810 US		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATURE:				03/25/2009		
	Electroni	c Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	ALLRED, THOM, 7405 HAVENWO LAKELAND, FL S () ALLRED, JAMIE 7405 HAVENWO LAKELAND, FL	00D DR 33810 Delete 00D DR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ALLRED, THO 4615 GREENI LAKELAND, F S (X ALLRED, JAM 4615 GREENI LAKELAND, F	BRIAR RD L 33810 X) Change ( ) Addition IIE BRIAR RD	
Name: Address: City-St-Zip: Title:	,	Delete	Name: Address: City-St-Zip: Title:	ALLRED, ALL 4609 GREENI LAKELAND, F	EN D BRAIR RD. L 33810	
Name:	( )	Delete	Name:	ALLRED, DEF		

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.

City-St-Zip:

LAKELAND, FL 33810

SIGNATURE: JAMIE L ALLRED S 03/25/2009