

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085353

Entity Name: G N X TRANSPORT, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

7816 WHISPERING PINES LN
GLEN ST.MARY, FL 32040 US

New Principal Place of Business:

Current Mailing Address:

7816 WHISPERING PINES LN
GLEN ST.MARY, FL 32040 US

New Mailing Address:

FEI Number: 59-3216045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALES, GARY D
7816 WHISPERING PINES LANE
GLEN ST. MARY, FL 32040 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: CALES, GARY D.
Address: 7816 WHISPERING PINES LANE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: V () Delete
Name: CALES, SCOTT G.
Address: 10103 CLET HARVEY RD
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: T () Delete
Name: CALES, NANCY C
Address: 7816 WHISPERING PINES LANE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: S () Delete
Name: CALES, GARY D
Address: 7816 WHISPERING PINES LANE
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY D. CALES

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date