

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000085353

Entity Name: G N X TRANSPORT, INC.

**FILED**  
**Jan 03, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: GARY D. CALES

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date