

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061671

FILED
Jan 21, 2009
Secretary of State

Entity Name: SOUTH CENTRAL FLORIDA EXPRESS, INC.

Current Principal Place of Business:

900 SOUTH W. C. OWEN AVE.
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

900 SOUTH W. C. OWENS AVE.
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0518598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, SARA C
900 SO. W. C. OWENS AVENUE
CLEWISTON, FL 33440 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: D () Delete
Name: WADE, MALCOM S JR
Address: 111 PONCE DELEON AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: GREENBERG, EDWARD D
Address: 1054 THIRTY-FIRST ST., NW SUITE 200
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: BURRIS, PHIL
Address: 1501 DUKE STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: V () Delete
Name: COCHRAN, SARA C
Address: 900 S. W.C. OWENS AVE.
City-St-Zip: CLEWISTON, FL 33440

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: SARA C. COCHRAN

V

01/21/2009

Electronic Signature of Signing Officer or Director

Date