2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005564

FILED Jan 17, 2005 Secretary of State

Entity Name: SOUTHERN ATLANTIC INTERMODAL & LOGISTICS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ORT ROAD BEACH, FL 32233 US			
Current M	ailing Address:	New Mailing Address	New Mailing Address:	
	ORT ROAD BEACH, FL 32233 US			
FEI Number:	59-3300076 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:				
225 WATE SUITE 140				
	named entity submits this statement for the pure of Florida.	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF				
	Electronic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete MEHLHOFF, BRETT E 2319 OCEANFOREST DR ATLANTIC BEACH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V.P () Delete BOWENS, WILLIAM R 11310 ASTON HALL DRIVE JACKSONVILLE, FL 32246	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SEC () Delete MEHLHOFF, CAROLE D 2319 OCEANFOREST DRIVE ATLANTIC BEACH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	CFO () Delete BAKKO, ELAINE 10 TENTH STREET 55J ATLANTIC BEACH, FL 32233	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELAINE BAKKO CFO 01/17/2005