2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P95000038736

Entity Name: APPAREL TRANSPORTATION, INC.

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

C/O BRUCE LOVE
9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 65-0612534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	CROWLEY, THOMAS B JR	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:	AT	( ) Delete
Name:	SWINTON, RICHARD L	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DVP	( ) Delete
Name:	SCHEPEN, RINUS	
Address:	9487 REGENCY SQ. BLVD.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VPT	( ) Delete
Name:	WARNER, DANIEL	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	AT	( ) Delete
Name:	SALLAH, MOMODOU	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SEC	( ) Delete
Name:	LOVE, BRUCE	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AT	(X) Change ( ) Addition
Name:	SMITH, BRYAN	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DSVP	(X) Change ( ) Addition
Name:	COLLAR, STEVE	
Address:	9487 REGENCY SQ. BLVD.	
City-St-Zip:	JACKSONVILLE, FL	
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: BRUCE LOVE SEC 04/22/2009

Electronic Signature of Signing Officer or Director Date