


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90339 018 \*\*\*150 00

<b>DOCUMENT # P95000063509</b>				<b>Secretary of State</b> 04-27-2005 90339 018 ***150.00	
1. Entity Name <b>CHARBONNEAU BROS. TRANSPORTATION, INC.</b>					
Principal Place of Business <b>37351 BRADENTON ARCADIA RD MYAKKA CITY FL 34251</b>		Mailing Address <b>PO BOX 373 MYAKKA CITY FL 34251</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3343310</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHARBONNEAU, JOSEPH A 37351 BRADENTON ARCADIA RD MYAKKA CITY FL 34251</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME CHARBONNEAU, JOSEPH A STREET ADDRESS 37351 BRADENTON-ARCADIA RD. CITY-ST-ZIP MYAKKA CITY FL 34251			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME CHARBONNEAU, JOSEPH JR. STREET ADDRESS 2846 POPLAR ST CITY-ST-ZIP SARASOTA FL 34237			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 200 HERONS RUN DR APT 218 CITY-ST-ZIP SARASOTA, FL 34232		
TITLE V <input type="checkbox"/> Delete NAME CHARBONNEAU, CLIFFORD STREET ADDRESS 37351 BRADENTON-ARCADIA RD. CITY-ST-ZIP MYAKKA CITY FL 34251			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 300 HERONS RUN DR APT 218 CITY-ST-ZIP SARASOTA FL 34232		
TITLE ST <input type="checkbox"/> Delete NAME CHARBONNEAU, JEANETTE STREET ADDRESS 37351 BRADENTON-ARCADIA RD. CITY-ST-ZIP MYAKKA CITY FL 34251			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME CHARBONNEAU, KATHY STREET ADDRESS 252 MICHAEL DR CITY-ST-ZIP CRAWFORDVILLE FL 32327			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeannette Charbonneau</u> 3/1/05 941-322-1903 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					