2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P95000063509

Entity Name: CHARBONNEAU BROS. TRANSPORTATION, INC.

Current Principal Place of Business:

37351 BRADENTON ARCADIA RD
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

PO BOX 373
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 59-3343310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARBONNEAU, JOSEPH A
37351 BRADENTON ARCADIA RD
MYAKKA CITY, FL 34251 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:	P	( ) Delete
Name:	CHARBONNEAU, JOSEPH A	
Address:	37351 BRADENTON-ARCADIA RD.	
City-St-Zip:	MYAKKA CITY, FL 34251	
Title:	V	( ) Delete
Name:	CHARBONNEAU, JOSEPH JR.	
Address:	PO BOX 183	
City-St-Zip:	MYAKKA CITY, FL 34251	
Title:	V	( ) Delete
Name:	CHARBONNEAU, CLIFFORD	
Address:	5872 DENNIS DR.	
City-St-Zip:	VENICE, FL 34293	
Title:	ST	( ) Delete
Name:	CHARBONNEAU, JEANETTE	
Address:	37351 BRADENTON-ARCADIA RD.	
City-St-Zip:	MYAKKA CITY, FL 34251	
Title:	S	( ) Delete
Name:	CHARBONNEAU, KATHY	
Address:	252 MICHAEL DR	
City-St-Zip:	CRAWFORDVILLE, FL 32327	

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:	
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: JEANNETTE CHARBONNEAU ST 03/17/2009

Electronic Signature of Signing Officer or Director — Date