

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90025 042 ***150.00

DOCUMENT # P98000056171 1. Entity Name HANNA TRANSPORT, INC.			
Principal Place of Business 665 ROGER SHERMAN ORANGE PARK, FL 32073		Mailing Address PO BOX 2708 ORANGE PARK, FL 32067	
2. Principal Place of Business - No P.O. Box # 32 Parsley Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 609 Suite, Apt. #, etc.	
City & State Middleburg FL Zip 32068 Country Clay		City & State Middleburg FL Zip 32050 Country Clay	
4. FEI Number 59-3526986		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANNA, DORIS 665 ROGER SHERMAN ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Doris Hanna Street Address (P.O. Box Number is Not Acceptable) 32 Parsley Ave City Middleburg FL Zip Code 32068	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HANNA, JERRY STREET ADDRESS 665 ROGER SHERMAN CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE D NAME Hanna, Jerry STREET ADDRESS 32 Parsley Ave CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jerry M. Hanna</i> Jerry M. Hanna		Date 2-10-08 Daytime Phone # 904-710-3977	