


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000101148 1. Entity Name C.J.W. TRANSPORT, INC.	
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Principal Place of Business 32 WALKER ROAD QUINCY, FL 32351	Mailing Address P.O. BOX 7514 TALLAHASSEE, FL 32314
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545171	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

BLACK, JOHN W
2155 DELTA BOULEVARD
STE 210-A
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123718 04/22/04-80015-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, CHARLIE J 819 BRIANDAV ST TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, CHARLENE D 2001 OLD ST. AUGUSTINE RD APT-B102 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASSEY, ROBIN 819 BRIANDAV ST TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, LEROY 228 WILSON ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WALKER, CHARLIE JR. 32 WALKER RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, CHARLENE D 2001 OLD ST. AUGUSTINE RD APT-B102 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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: Charlie J. Walker 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #