

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101148

Entity Name: C.J.W. TRANSPORT, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

32 WALKER ROAD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7514
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3545171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, JOHN W
2155 DELTA BOULEVARD
STE 210-A
TALLAHASSEE, FL 32303 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: PD () Delete
Name: WALKER, CHARLIE J
Address: 32 WALKER RD.
City-St-Zip: QUINCY, FL 32352

Title: T () Delete
Name: WALKER, CHARLENE D
Address: 2001 OLD ST, AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: WALKER, CHARLIE JR
Address: 80 WALKER RD.
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: WALKER, RONNIE
Address: 408 UPTAIN RD.
City-St-Zip: QUINCY, FL 32352

Title: M () Delete
Name: WALKER, WILLIE C
Address: 280 WILSON RD.
City-St-Zip: QUINCY, FL 32352

Title: S () Delete
Name: WALKER, CHARLENE D
Address: 2001 OLD ST, AUGUSTINE RD APT-D108
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALKER, CHARLENE D
Address: 404 GRIFFIN ST.
City-St-Zip: BAINBRIDGE, GA 39817

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: S (X) Change () Addition
Name: WALKER, CHARLENE D
Address: 404 GRIFFIN ST.
City-St-Zip: BAINBRIDGE, GA 39817

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: CHARLIE J. WALKER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date