2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P99000019184

Entity Name: CASEY JONES TRUCKING, INC.

Current Principal Place of Business:

3125 TOM MATTHEWS ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

3125 TOM MATTHEWS ROAD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3558543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONNIE`, KELLY
3125 TOM MATTHEWS ROAD
LAKELAND, FL 33810 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:	PTD	( ) Delete
Name:	KELLY, BONNIE	
Address:	3125 TOM MATTHEWS ROAD	
City-St-Zip:	LAKELAND, FL 33810	
Title:	VP	( ) Delete
Name:	KELLY, CRYSTAL	
Address:	3123 TOM MATTHEWS RD	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	KELLY, DUSTIN	
Address:	3125 TOM MATTHEW RD	
City-St-Zip:	LAKELAND, FL 33810	
Title:	T	( ) Delete
Name:	BONNIE, KELLY	
Address:	3125 TOM MATTHEWS RD.	
City-St-Zip:	LAKELAND, FL 33810	
Title:	S	( ) Delete
Name:	CORUTHERIS, PAM	
Address:	3125 TOM MATTHEWS RD	
City-St-Zip:	LAKELAND, FL 33810	

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:	S	(X) Change ( ) Addition
Name:	CAROTHERIS, PAM	
Address:	3125 TOM MATTHEWS RD	
City-St-Zip:	LAKELAND, FL 33810	

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: PAM CAROTHERS S 02/24/2009

Electronic Signature of Signing Officer or Director — Date