2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000088293

1. Entity Name

INTERRAIL SIGNAL INCORPORATED



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

12443 SAN JOSE BLVD

STE 1103

JACKSONVILLE, FL 32223-8657

Mailing Address

12443 SAN JOSE BLVD

STE 1103

JACKSONVILLE, FL 32223-8657



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04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3600427

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, JAMES F 12443 SAN JOSE BLVD STE 1103 JACKSONVILLE, FL 32223-8657

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NQTE: Registere	d Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000893929 04/24/08-80007-020 150.00			
10.	OFFICERS AND DIREC	CTORS	1.0	,	The state of the s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KELLEY, JAMES F 12443 SAN JOSE BLVD STE 1103 JACKSONVILLE, FL 322238657			4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	. ***				
TITLE NAME			•	. 1				
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS				IN.	THIS SPACE			
CITY-ST-ZIP TITLE			1					
NAME STREET ADDRESS CITY-ST-ZIP			¢					

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME O

TED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/08

(904)268-6411

Daytime Phone #