

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50877

FILED
Apr 13, 2005
Secretary of State

Entity Name: FLORIDA FAST EXPRESS, INC.

Current Principal Place of Business:

815 S. MAIN STREET
6TH FLOOR
JACKSONVILLE, FL 32207 US

Current Mailing Address:

POST OFFICE BOX 48088
JACKSONVILLE, FL 322478088 US

New Principal Place of Business:

815 S. MAIN STREET, 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207 US

New Mailing Address:

POST OFFICE BOX 48088
ATTN: LORI EISCHEN
JACKSONVILLE, FL 322478088 US

FEI Number: 59-3067062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 S. MAIN ST.
6TH FLOOR
JACKSONVILLE, FL 32207 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: CEOD () Delete
Name: VAUGHN, BARRY S
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: BRANDENBURGER, MARK
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFOD () Delete
Name: BARNETT, JAMES G
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD () Delete
Name: SUDDATH, STEPHEN M
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: DEMONT, MICHAEL E
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: STRICKLAND, BARBARA S
Address: 815 S. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES G. BARNETT

CFOD

04/13/2005

Electronic Signature of Signing Officer or Director

Date