

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S56979

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTURION-EAGLE AUTO TRANSPORT, INC.

Current Principal Place of Business:

5912 NEW KINGS RD.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5912 NEW KINGS RD.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3081298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JAMES A III ESQ
ST JOHNS PROFESSIONAL CENTER
4114 HERSCHEL ST STE 105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

NOLAN, JAMES A P.A.
4114 HERSCHEL STREET
STE 105
JACKSONVILLE, FL 32210 US

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: JAMES A NOLAN, P.A.

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAFER, VICKI
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: SHAFER, CARRIE
Address: 4132 SUNSET LN N.
City-St-Zip: JACKSONVILLE, FL

Title: DVP () Delete
Name: SHAFER, HAROLD
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAFER, VICKI
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VSD (X) Change () Addition
Name: SHAFER, HAROLD A
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: V (X) Change () Addition
Name: MAULDIN, WILLIAM P
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Change (X) Addition
Name: MCGARITY, CHARLES L
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Change (X) Addition
Name: MCKINNEY, JACK
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

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: VICKI SHAFER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date