

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S56979

**FILED**  
**Aug 16, 2010**  
**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 P.A.  
4114 HERSCHEL STREET  
STE 105  
JACKSONVILLE, FL 32210 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAFER, VICKI  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

Title: V  
Name: MCKINNEY, JACK C II  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: VICKI SHAFER

PD

08/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date