


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 16 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # V01523</b> 1. Entity Name PIPELINE TRANSPORTATION, INC.					
Principal Place of Business 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068 US			Mailing Address 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3106100	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BLACKBURN, DENNIS L 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ASHBY, JR, GEORGE H 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CO ANDERSON, MARK H 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T BOYLES, DARRELL E 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHBY, SR, GEORGE H 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFRED, ALICIA F 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 300112439273 11/20/07--01007--005 **61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 2101A Hecksher Dr. Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Appleby, Charles C 9995 Gate Parkway N Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Evans, Douglas E 2101A Hecksher Dr. Jacksonville, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Alicia F. Alfred</u> 11-1-07 904-272-9548 SECRETARY					

OFFICERS AND DIRECTORS
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☐ Change ☒ Addition

TITLE	VP
NAME	Sherrer, Roy A
STREET ADDRESS	2101A Hecksher Dr.
CITY-ST-ZIP	Jacksonville, FL 32226