

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065162

FILED
Mar 18, 2009
Secretary of State

Entity Name: SUCCESSFUL TRANSPORTATION, INC.

Current Principal Place of Business:

4305 EXCHANGE AVENUE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4305 EXCHANGE AVENUE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 04-3814195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIBSTRA, THOMAS T
4305 EXCHANGE AVENUE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

TIBSTRA, THOMAS T PST
4305 EXCHANGE AVENUE
NAPLES, FL 34104 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: TIBSTRA, THOMAS T. PST

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: TIBSTRA, THOMAS T
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: PSTD () Delete
Name: PITKIN, HEATHER A
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: D () Delete
Name: TIBSTRA, THOMAS N
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: D (X) Delete
Name: TIBSTRA, MARY S
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TIBSTRA, THOMAS T PST
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: VP (X) Change () Addition
Name: PITKIN, HEATHER A VP
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: DIR (X) Change () Addition
Name: TIBSTRA, MARY S SEC
Address: 4305 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

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

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: THOMAS T. TIBSTRA

PST

03/18/2009

Electronic Signature of Signing Officer or Director

Date