## **2006 FOR PROFIT CORPORATION**

## May 05, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F02000004510 SHAW TRANSPORT, INC. Principal Place of Business Mailing Address P.O. DRAWER 2128 616 E WALNUT AVENUE MAIL DROP 061-04 DALTON, GA 30721 DALTON, GA 30722-2128 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-1502689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered significant attest applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000563026 Trust Fund Contribution. Added to Fees 05/19/06-80078-021 150.00 OFFICERS AND DIRECTORS 10. TITLE BELL, VANCE D NAME STREET ADDRESS 616 EAST WALNUT AVE. CITY-ST-ZIP DALTON, GA 30720 VPSD TITLE EMBRY, GERALD R NAME STREET ADDRESS 616 EAST WALNUT AVE. CITY-ST-ZIP DALTON, GA 30720 TITLE NAME JACKSON, KENNETH G STREET ADDRESS 616 EAST WALNUT AVE. DO NOT WRITE CITY-ST-ZIP DALTON, GA 30720 TITLE AS IN THIS SPACE HOOPER, FREDERICK L NAME STREET ADDRESS 616 EAST WALNUT AVE. CITY - ST - ZIP DALTON, GA 30720 TITLE NAME

12. Thereby certify that the information supplied with this filling 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 accurage 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 a haddress, with all other like impowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**