


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000000685
 1. Entity Name
 UFP TRANSPORTATION, INC.



Principal Place of Business
 5800 HIGHWAY 138
 UNION CITY, GA 30291

Mailing Address
 2801 EAST BELTLINE N.E.
 GRAND RAPIDS, MI 49525

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 05-0542653

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GLENN, MICHAEL
STREET ADDRESS	2801 EAST BELTLINE N.E.
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	DT
NAME	COLE, MICHAEL
STREET ADDRESS	2801 EAST BELTLINE N.E.
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	DS
NAME	MISSAD, MATTHEW
STREET ADDRESS	2801 EAST BELTLINE N.E.
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000927134
 05/20/08-80093-022 150.00

DO NOT WRITE IN THIS SPACE

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: Michael R. Cole 4/24/08 616-364-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #