

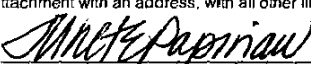


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 004 ****61.25

DOCUMENT # N02000009848			
1. Entity Name FEDERATED TRUCKERS ASSOCIATION, INC.			
Principal Place of Business 300 S BERNER RD SUITE A CLEWISTON, FL 33440		Mailing Address 300 S BERNER RD SUITE A CLEWISTON, FL 33440	
2. Principal Place of Business		3. Mailing Address Post Office Box 2814	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clewiston, FL	
Zip	Country	Zip	Country
33440	USA	33440	USA
4. FEI Number 65-1171878		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE, FL 33311		Name PAPINAW, JANET E.	
		Street Address (P.O. Box Number is Not Acceptable)	
		295 TRADER ROAD	
		City LABELLE FL Zip Code 33935	
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 		Janet E. Papinaw	4-13-04
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	DATE
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPINAW, JANET	NAME	PAPINAW, JANET E.
STREET ADDRESS	300 S BERNER RD SUITE A	STREET ADDRESS	295 Trader Road
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	LaBelle, FL 33935
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MOSES	NAME	WILSON, MOSES
STREET ADDRESS	PO BOX 393 N/A	STREET ADDRESS	1228 Mississippi Avenue
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, BETH	NAME	SMALL, FREDERICK
STREET ADDRESS	25216 PELICAN CREEK CIR #103	STREET ADDRESS	1037 MISSISSIPPI AVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WOMACK, EMMA
STREET ADDRESS		STREET ADDRESS	1048 KENTUCKY AVE
CITY-ST-ZIP		CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		Janet E. Papinaw	4-13-04 863-673-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #