2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# F03000004112

Entity Name: MILLER TRANSPORTERS, INC.

Current Principal Place of Business:

5500 HIGHWAY 80 WEST
JACKSON, MI 39209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1123
JACKSON, MS 392151123

New Mailing Address:

FEI Number: 64-0322891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, LAWRENCE J
249 CATALONIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, S.F.
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: V ( ) Delete
Name: MILLER, R.L.
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: DV ( ) Delete
Name: MILLER, H.D.
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: DST ( ) Delete
Name: MILLER, LEE D
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: V ( ) Delete
Name: BAGWELL, LARRY
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: V ( ) Delete
Name: MALONE, TERRY
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HEGI, JOE
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: DVP (X) Change ( ) Addition
Name: MILLER, H.D.
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

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

Title: VP (X) Change ( ) Addition
Name: BAGWELL, LARRY
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

Title: VP (X) Change ( ) Addition
Name: MALONE, TERRY
Address: P.O. BOX 1123
City-St-Zip: JACKSON, MS 39215

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOE HEGI VP 01/09/2004

Electronic Signature of Signing Officer or Director — Date