2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36280

Title:

Name:

Address:

City-St-Zip:

FILED Mar 31, 2004 Secretary of State

Entity Nan	ne: FREIGHT	MOVERS, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:		
100 MORG STE 200	AN KEEGAN D)R			
	CK, AR 72202	US			
Current Ma	ailing Address	s:	New Mailing Address	:	
STE 200	AN KEEGAN D CK, AR 72202				
FEI Number:	59-2149709	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
COLE, MICHAEL F 33 LANE AVE SOUTH JACKSONVILLE, FL 32254 US			COLE, MICHAEL R 33 LANE AVE SOUTH JACKSONVILLE, FL 32		
The above in the State		ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MICHAEL			03/31/2004	
SIGNATUR		R. COLE c Signature of Registered Ag	gent	03/31/2004 Date	
	Electroni		gent		
Election Cam	Electroni	c Signature of Registered Ag			
Election Cam	Electronic	c Signature of Registered Ag Trust Fund Contribution (). ORS: Delete D R EEGAN DR STE 200	ADDITIONS/CHANGE	Date	
Election Cam OFFICERS Title: Name: Address:	Electronic	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete D R EEGAN DR STE 200 R 72202 Delete V W DRIVE STE 3175	ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete D R EEGAN DR STE 200 R 72202 Delete V W DRIVE STE 3175 DELETE D A DRIVE STE 3175	ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip: Title: VP (Name: LOBO, RICHA	Date S TO OFFICERS AND DIRECTORS: () Change () Addition (X) Change () Addition (X) Change () Addition ARD A ER DRIVE STE 3175	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL R COLE T 03/31/2004

() Delete

100 MORGAN KEEGAN DR SUITE 200

COLE, MICHAEL R

LITTLE ROCK, AR 72202

() Change () Addition