2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36280

City-St-Zip: LITTLE ROCK, AR 72212

City-St-Zip: PALANTINE, IL 60667

ECKERT, JAMES W

() Delete

1061 WEST SUTTON PLACE

Title:

Name:

Address:

FILED Apr 22, 2009 Secretary of State

Entity Name: FREIGHT MOVERS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3800 N RC	DNEY PARHA	M RD				
#301						
	CK, AR 72212					
Current Ma	ailing Address	:	New Maili	ng Address:		
3800 N. RODNEY PARHAM RD.						
#301 LITTLE RO	CK, AR 72212	US				
FEI Number:	59-2149709	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SER\ 2731 EXEC SUITE 4	/ICES, INC. SUTIVE PARK D	DRIVE				
WESTON,	FL 33331 US					
The above in the State		ıbmits this statement for the pu	rpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agen	t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BACHMAN, DAVII	PARHAM RD. STE 301	Title: Name: Address: City-St-Zip:	S (X BACHMAN, DAY 2216 HUNTLEIG LITTLE ROCK,	GH COURT	
Title: Name: Address: City-St-Zip:	D () C COLLINS, KEVIN 21 OLD FARM RO WESTPORP, CT	OAD	Title: Name: Address: City-St-Zip:	P (X CLAIR, RICHAF 6508 MIAMI BL MARIEMONT, C	UFF DR	
Title: Name: Address: City-St-Zip:	D ()E SMITH, CHRISTO 136 SOUTPORT SOUTHPORT, CT	WOODS	Title: Name: Address: City-St-Zip:	D (X TAURA, DENIS 90 MONTADAL PRINCETON, N	E DR	
Title: Name:	CLAIR, RICHARD	Delete DC V PARHAM RD STF 301	Title: Name: Address:	WILLIAMS, JOI	Change () Addition HN Y REF RD, NE STE 1790	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ATLANTA, GA 30326

HULL, JANICE

416 N. DEVON

City-St-Zip: SHERWOOD, AR 72120

(X) Change () Addition

SIGNATURE: JANICE HULL CAO 04/22/2009