2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # F9500000004 PAR T.L.C., INC.	5			Se	cretary of Stat
LANDSTAR T.L.C. INC 1000 SIMPSON RD		lailing Address C/O CORPORATE TAX DEPT P.O. BOX 19135 IACKSONVILLE, FL 32245	US			
E	OO NOT WRITE II	CE	01082004 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				_	NOT WE	
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registe	ered agent, or bo	oth, in the State of Florid	da. I am familiar with, and accept
SIGNATURE						
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable. (NOTE, Registers	ed Agent signature require	ed when reinstating)	<u> </u>	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		5.00 May Be Ided to Fees	U000000	175689 10070-013_150_00_
10.	OFFIÇERS AND DIRE	CTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTER, GARY 13410 SUTTON PR DRIVE S JACKSONVILLE, FL 32224					
TITLE NAME STREET ADDRESS CITY-ST-ZP	D GERKENS, HENRY H 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CROWE, JEFFREY C 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224			DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAROSE, ROBERT C 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224			IN '	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIMMER, LAWRENCE E 13410 SUTTONPARK DRIVE SOUTH JACKSONVILLE, FL 32224	i				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 receive of this tee 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 attaching with an address, with all other tipe empowered.

SIGNATURE:

VAS

OWEN, DENNIS P

13410 SUTTON PARK DR SOUTH

JACKSONVILLE, FL 32224

THUE

NAME

STREET ADDRESS CITY-ST-ZIP

V SMENATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04

(904) 398-9400