

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73559

FILED
Jan 07, 2008
Secretary of State

Entity Name: FLORIDA TRANSFER & FREIGHT, INC.

Current Principal Place of Business:

600 GILLAM RD.
WILMINGTON, OH 45177

New Principal Place of Business:

Current Mailing Address:

PO BOX 271
ATTN: LEGAL DEPT.
WILMINGTON, OH 45177

New Mailing Address:

FEI Number: 31-1266938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOD () Delete
Name: ROBERTS SR., RALPH
Address: 600 GILLAM RD.
City-St-Zip: WILMINGTON, OH 45177

Title: VPD () Delete
Name: ROBERTS JR., RALPH L.
Address: 600 GILLAM RD.
City-St-Zip: WILMINGTON, OH 45177

Title: TD () Delete
Name: ROBERTS, ROBY L
Address: 600 GILLAM ROAD.
City-St-Zip: WILMINGTON, OH 45177

Title: SV () Delete
Name: DELUCA, DONALD R
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: P () Delete
Name: SHROYER, MICHAEL L
Address: 600 GILLAM RD.
City-St-Zip: WILMINGTON, OH 45177

Title: D () Delete
Name: ROBERTS, MARY D
Address: 600 GILLAM RD.
City-St-Zip: WILMINGTON, OH 45177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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.

SIGNATURE: JEFFREY C. WADE

AS

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date