

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 012 ***150.00

DOCUMENT # L38977
 1. Entity Name
INTER CONTINENTAL FREIGHT FORWARDERS, INC.



Principal Place of Business
5400-2 VERNA BLVD
JACKSONVILLE, FL 32205

Mailing Address
PO BOX 60631
JACKSONVILLE, FL 32236 US

54029188



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-7304410

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~MANGES, RICHARD W.~~
5400-2 VERNA BLVD
JACKSONVILLE, FL 32205

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

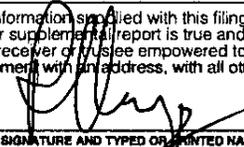
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGES, RICHARD W. 5400-2 VERNA BLVD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANGES, ROBIN 5400-2 VERNA BLVD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information specified with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/8/04** DAYTIME PHONE #: **904-781-0030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR