2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003045

1. Entity Name
INDEPENDENT CONTRACT DRIVERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
540 E. MCNAB RD., STE. C POMPANO BEACH, FL 33060	540 E. MCNAB RD., STE. C POMPANO BEACH, FL 33060

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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0928231
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUMORE, C. ATNHONY ESQ.
540 E. MCNAB RD., STE. C
POMPANO BEACH, FL 33060

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHROEDER, GEORGE R
STREET ADDRESS	540 E. MCNAB RD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	ST
NAME	RUMORE, C. ANTHONY
STREET ADDRESS	540 E. MCNAB RD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	SCHROEDER, JONATHAN P
STREET ADDRESS	540 E. MCNAB RD, SUITE D
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80088-006 70.00

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12. I hereby certify that the information supplied 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 617, 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: George R Schroeder Director 4/07/05 954 786 0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #