


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 005 ***150.00

DOCUMENT # P02000016382	
1. Entity Name AFFORDABLE FREIGHT MANAGEMENT, INC.	

Principal Place of Business 11523 LAKE KATHERINE CIRCLE CLERMONT, FL 34711	Mailing Address 11523 LAKE KATHERINE CIRCLE CLERMONT, FL 34711
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94055196

2. Principal Place of Business 3108 CENTRAL DR	3. Mailing Address 3108 CENTRAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04072004 Chg-P CR2E034 (10/03)

City & State PLANT CITY FL	City & State PLANT CITY FL
Zip 33566	Country
Zip 33566	Country

4. FEI Number 38-3676572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURPHY, CHRISTINE M 11523 LAKE KATHERINE CIRCLE CLERMONT, FL 34711
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7. Name and Address of New Registered Agent Name: MINDY CARREJA Street Address (P.O. Box Number is Not Acceptable): 220 SOUTH FRANKLIN ST City: TAMPA FL Zip Code: 33602

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: <i>Mindy Carreja</i> MINDY CARREJA 4/12/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PVTS	<input type="checkbox"/> Delete
NAME MURPHY, JOHN E	
STREET ADDRESS 11523 LAKE KATHERINE CIRCLE	
CITY-ST-ZIP CLERMONT, FL 34711	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SAMUEL J. PATTERSON PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 3108 CENTRAL DR	
CITY-ST-ZIP PLANT CITY FL 33566	
TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS PAUL PATTONIS	
CITY-ST-ZIP 3108 CENTRAL DR	
CITY-ST-ZIP PLANT CITY FL 33566	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS GR MORNINGSTAR	
CITY-ST-ZIP 3108 CENTRAL DR	
CITY-ST-ZIP PLANT CITY FL 33566	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: <i>[Signature]</i>	4/12/04	(813) 359-1200 X223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #