2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118046

Entity Name: JAMES FERRELL CARRIERS, INC

FILED Apr 29, 2005 Secretary of State

Entity Nam	1e: JAMES FE	RRELL CARRIERS, INC.				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	PLE E ROAD T, FL 34711			18745 TRIPLE E ROAD CLERMONT, FL 34715		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
18745 TRIPLE E ROAD CLERMONT, FL 34711				18745 TRIPLE E ROAD CLERMONT, FL 34715		
FEI Number:	65-1164770	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	() t
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of I	New Registered Agent:	
	JAMES PLE E ROAD T, FL 34711	US	18745 TRÍ	FERRELL, JAMES 18745 TRIPLE E ROAD CLERMONT, FL 34715 US		
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, o	or both,
SIGNATUR	!E:				04/29/2005	
	Electroni	Signature of Registered Age	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	FERRELL, JAME 18745 TRIPLE E CLERMONT, FL	ROAD	Title: Name: Address: City-St-Zip: Title: Name:	FERRELL, JAN 18745 TRIPLE CLERMONT, F O (FERRELL, JAN	E ROAD L 34715) Change (X) Addition MES	
Address: City-St-Zip:			Address: City-St-Zip:	20915 US HIG GROVELAND,		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O (FERRELL, LEA 18745 TRIPLE CLERMONT, F	E ROAD	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	O (FERRELL, FA' 20915 US HIG GROVELAND,	HWAY 19	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEA ANN G FERRELL O 04/29/2005