
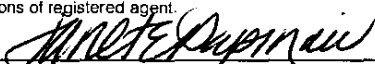
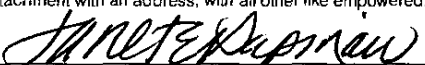


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91213 022 \*\*\*150.00

<b>DOCUMENT # P02000133985</b>			
1. Entity Name <b>FEDERATED TRUCKERS COMPANY, INC.</b>			
Principal Place of Business 300 SO. BERNER ROAD SUITE A CLEWISTON, FL 33440		Mailing Address 300 SO. BERNER ROAD SUITE A CLEWISTON, FL 33440	
2. Principal Place of Business		3. Mailing Address <b>Post Office Box 2814</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Clewiston, FL</b>	
Zip	Country	Zip	Country
		<b>33440</b>	<b>USA</b>
4. FEI Number		Applied For	
<b>04132004</b> Chg-P		<b>CR2E034 (10/03)</b>	
<b>14-1876950</b>		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FT. LAUDERDALE, FL 33311-4132</b>		Name <b>PAPINAW, JANET E.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>295 Trader Road</b> City <b>LaBelle FL</b> Zip Code <b>33935</b>	
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 		<b>Janet E. Papinaw</b> DATE <b>4-24-04</b>	
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"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPINAW, JANET</b>	NAME	<b>PAPINAW, JANET E.</b>
STREET ADDRESS	<b>300 SO. BERNER ROAD SUITE A</b>	STREET ADDRESS	<b>295 Trader Road</b>
CITY-ST-ZIP	<b>CLEWISTON, FL 33440</b>	CITY-ST-ZIP	<b>LaBelle, FL 33935</b>
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Wilson, Moses</b>
STREET ADDRESS		STREET ADDRESS	<b>1228 Mississippi Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Clewiston FL 33440</b>
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Small, Frederick</b>
STREET ADDRESS		STREET ADDRESS	<b>1037 Mississippi Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Clewiston FL 33440</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>Womack, Emma</b>
STREET ADDRESS		STREET ADDRESS	<b>1048 Kentucky Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Clewiston FL 33440</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		<b>Janet E. Papinaw</b> DATE <b>4-24-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <b>863-673-2294</b>	