


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 028 ***150.00

DOCUMENT # P03000066683

1. Entity Name
FRED'S TRANSPORT SERVICE, INC.



Principal Place of Business Mailing Address
1908 HELMS AVE **1908 HELMS AVE**
LEESBURG, FL 34748 **LEESBURG, FL 34748**

94058323

2. Principal Place of Business 3. Mailing Address
35440 LAKE UNITY RD. **35440 LAKE UNITY RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04152004 Chg-P CR2E034 (10/03)

City & State City & State
FRUITLAND PARK, FL. **FRUITLAND PARK, FL.**
 Zip Country Zip Country
34731 **LAKE** **34731** **LAKE**

4. FEI Number Applied For
04-376 5543 Not Applicable

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

6. Name and Address of Current Registered Agent
FRITSCHLE, FRED
1908 HELMS AVE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name **FRED FRITSCHLE**
 Street Address (P.O. Box Number is Not Acceptable)
35440 LAKE UNITY RD.
 City **FRUITLAND PARK, FL** Zip Code **34731**

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 **FRED FRITSCHLE** *Fred Fritschle, Pres. 4-19-04* DATE

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	DPST FRITSCHLE, FRED 1908 HELMS AVE LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fred Fritschle* **FRED FRITSCHLE, PRES. 4-19-04 352-787-9243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #