


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P03736 1. Entity Name LANDSTAR RANGER, INC.	
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Principal Place of Business 13410 SUTTON PARK DRIVE S. JACKSONVILLE, FL 32224 US	Mailing Address 13410 SUTTON PARK DRIVE S. ATTN: CORPORATE TAX DEPT JACKSONVILLE, FL 32224 US
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02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1308199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

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

U00000075692
 03/03/04-80070-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTTER, GARY 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS OWEN, DENNIS P 13410 SUTTON PARK DR S. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAROSE, ROBERT C 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERKINS, HENRY H. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CROWE, JEFFERY C 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIMMER, LAWRENCE E 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224

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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 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:  ROBERT C. LAROSE 2/17/04 (904) 398-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #