## 2005 FOR PROFIT CORPORATION

## Jul 21, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000004837** 07-21-2005 90031 026 \*\*\*158.75 FREIGHTSAVERS OF FLORIDA, INC. Principal Place of Business Mailing Address 2340 TECUMSEH DRIVE 2340 TECUMSEH DRIVE WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address '52 W. Bluetteron Blue 4152 W. Bluet Suite, Apt. #. etc. Suite, Apt. #, etc. 07152005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State 20-055099 Slach Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3340 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDSON, KEVIN F Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE SUITE 300-F WEST PALM BEACH, FL 33401 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change TITLE ☐ Delete **Addition** Darryl Kingman 4152 W. Bluetteron Blvd Ste 127 MICHOLS, KELLY J NAME NAME STREET ADDRESS 2340 TECUMSEH DRIVE STREET ADDRESS West Palm Beach, FL 33404 WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-7IP TITLE 🔀 Delete TITLE Addition Jon Weber 4152 W. Blue Heron Blud Stel 27 MICHOLS, AMY A NAME NAME STREET ADDRESS 2340 TECUMSEH DRIVE STREET ADDRESS West Palm Beach, FL 33404 CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change 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 obtained, with all other like empowered. changed, or on an attach

SIGNATURE:

**FILED**