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Jul 02, 2007 8:00 am
Secretary of State
07-02-2007 90035 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000099555

1. Entity Name
FREIGHT MASTERS TRANSPOTATION INC.

Principal Place of Business
~~3700 FRIARS COVE~~
ST CLOUD, FL 34769

Mailing Address
~~3700 FRIARS COVE~~
ST CLOUD, FL 34769

06272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2873 TAMPA AVE	2873 TAMPA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL
Zip: 34744 Country	Zip: 34744 Country

4. FEI Number: 74-3188648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTER, BERNARD R
1207 ILLINOS AVE
ST CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______ 6/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: HELIGAR, RON STREET ADDRESS: 3700 FRIARS COVE CITY-ST-ZIP: ST CLOUD, FL 34769	☐ Delete	TITLE NAME: HelliGAR, Ron STREET ADDRESS: 2873 TAMPA AVE CITY-ST-ZIP: KISSIMMEE FL 34744	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______ 6/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #