


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000685 1. Entity Name UFP TRANSPORTATION, INC.	
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Principal Place of Business 5800 HIGHWAY 138 UNION CITY, GA 30291	Mailing Address 2801 EAST BELTLINE N.E. GRAND RAPIDS, MI 49525
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0542653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000347937 05/02/05-80006-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP GLENN, MICHAEL 2801 EAST BELTLINE N.E. GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COLE, MICHAEL 2801 EAST BELTLINE N.E. GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MISSAD, MATTHEW 2801 EAST BELTLINE N.E. GRAND RAPIDS, MI 49525
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <u>Michael R. Cole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/13/05</u> <small>Date</small>	<u>616 364 6161</u> <small>Daytime Phone #</small>
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