2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P12654

1. Entity Name
SOUTHEASTERN FREIGHT LINES, INC.

Principal Place of Business	Mailing Address
420 DAVEGO ROAD LEXINGTON, SC 29073 US	P.O. BOX 1691 COLUMBIA, SC 29202 US

01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0301199
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301

DO NOT WRITE 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 _____ 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, 2006 Fee will be $550.00

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

U00000396218
01/27/06-80023-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASSELS, W.T., JR.
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073
TITLE	P
NAME	CASSELS, W. TOBIN III
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073
TITLE	S
NAME	CASSELLS, W. TOBIN
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073
TITLE	V
NAME	BURLESON, J.R., JR.
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073
TITLE	D
NAME	CASSELS, W. TOBIN, III
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073
TITLE	VPC
NAME	EDGE, P. THOMAS
STREET ADDRESS	420 DAVEGA ROAD
CITY-ST-ZIP	LEXINGTON, SC 29073

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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: P. Thomas Edge VP-Controller 1/16/06 803-794-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #