

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000007148

1. Entity Name
NEW ENGLAND MOTOR FREIGHT, INC.



Principal Place of Business
**1-71 NORTH AVENUE EAST
ELIZABETH, NJ 07201**

Mailing Address
**1-71 NORTH AVENUE EAST
ELIZABETH, NJ 07201**



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1977697

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-0000**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KARLBERG, JOHN
STREET ADDRESS	1-71 NORTH AVE EAST
CITY-ST-ZIP	ELIZABETH, NJ
TITLE	V
NAME	EISENBERG, CRAIG
STREET ADDRESS	1-71 NORTH AVE EAST
CITY-ST-ZIP	ELIZABETH, NJ
TITLE	STD
NAME	BLAKEMAN, NANCY S
STREET ADDRESS	1-71 NORTH AVE EAST
CITY-ST-ZIP	ELIZABETH, NJ
TITLE	CD
NAME	SHEVELL, MYRON
STREET ADDRESS	1-71 NORTH AVE EAST
CITY-ST-ZIP	ELIZABETH, NJ
TITLE	VD
NAME	SHEVELL, JON
STREET ADDRESS	1-71 NORTH AVE EAST
CITY-ST-ZIP	ELIZABETH, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000373050
07/18/05-00002-002 \$50.00

**DO NOT WRITE
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)(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 605, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Blakeman, Vice Pres

Date

Daytime Phone #

7/12/05 908 965 0100