


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F0000007148**  
 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
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**DO NOT WRITE IN THIS SPACE**



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1977697	Applied For Not Applicable
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**DO NOT WRITE IN THIS SPACE**

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 07/18/05-80002-002 550.00

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 609, 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: Nancy Blakeman 7/18/05 902 965 0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Nancy Blakeman, Vice Pres X354