

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # 406644 1. Entity Name FREIGHTHAULERS, INC.	
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Principal Place of Business 15070 CORPORATE RD N JUPITER, FL 33478	Mailing Address 15070 CORPORATE RD N JUPITER, FL 33478
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DO NOT WRITE IN THIS SPACE



08282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1408895	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLAUSE, THOMAS L 15070 CORPORATE ROAD N JUPITER, FL 33478	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renouncing)

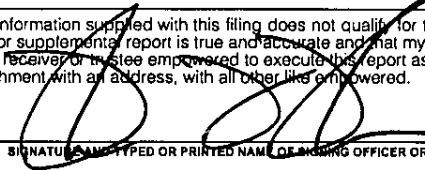
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08/30/07-80004-011 150.00

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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KLAUSE, THOMAS L MR. 16 HAWKS LANDING WEAVERVILLE, NC 28787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **8/28/2007 828-713-2370**

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #