

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 854779 1. Entity Name PETREY FREIGHT LINE, INC.	
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Principal Place of Business 3150 TINE AVE. MONTGOMER, AL 36108	Mailing Address 3150 TINE AVE. MONTGOMER, AL 36108
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0803011	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 NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000023495 02/02/04-80028-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, JAMES W 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, ROBERT W 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, JAMES W JR 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKS, NORMAN 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, SAM J 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JAMES W JR PO BOX 12 N/A PETREY, AL

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)(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:  **1-23-04** **334-335-6582**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #