


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 854779
 1. Entity Name
 PETREY FREIGHT LINE, INC.



Principal Place of Business
 10345 PETREY HWY
 LUVERNE, AL 36049

Mailing Address
 P.O. BOX 68
 LUVERNE, AL 36049



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 63-0803011 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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, 2006 Fee will be \$550.00

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

UN00000391104
 01/24/06-80026-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	JACKSON, JAMES W
STREET ADDRESS	3150 TINE AVE.
CITY - ST - ZIP	MONTGOMERY, AL 36108
TITLE	PD
NAME	JACKSON, ROBERT W
STREET ADDRESS	3150 TINE AVE.
CITY - ST - ZIP	MONTGOMERY, AL 36108
TITLE	VD
NAME	JACKSON, JAMES W JR
STREET ADDRESS	3150 TINE AVE.
CITY - ST - ZIP	MONTGOMERY, AL 36108
TITLE	S
NAME	PARKS, NORMAN
STREET ADDRESS	3150 TINE AVE.
CITY - ST - ZIP	MONTGOMERY, AL 36108
TITLE	D
NAME	JACKSON, JAMES W JR
STREET ADDRESS	PO BOX 12 N/A
CITY - ST - ZIP	PETREY, AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  **Norman E. Parks** 1-13-06 (334)335-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #