

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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**



01052007 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**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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	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 JACKSON, JAMES W JR PO BOX 12 N/A PETREY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000582369
01/11/07-80028-020 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman E. Parks

1-10-07 (334) 335-6582

Date

Daytime Phone #