


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
10345 PETREY HWY **P.O. BOX 68**
LUVERNE, AL 36049 **LUVERNE, AL 36049**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
63-0803011 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000813741
 02/13/08-80017-011 150.00

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 1-29-08 334-335-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #