

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854779

FILED
Jan 05, 2009
Secretary of State

Entity Name: PETREY FREIGHT LINE, INC.

Current Principal Place of Business:

10345 PETREY HWY
LIVERNE, AL 36049

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
LIVERNE, AL 36049

New Mailing Address:

FEI Number: 63-0803011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: JACKSON, JAMES W
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: PD () Delete
Name: JACKSON, ROBERT W
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: VD () Delete
Name: JACKSON, JAMES W JR
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: S () Delete
Name: PARKS, NORMAN
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: D () Delete
Name: JACKSON, JAMES W JR,
Address: PO BOX 12 N/A
City-St-Zip: PETREY, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: JACKSON, JAMES W
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: COO (X) Change () Addition
Name: JACKSON, ROBERT W
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: PRES (X) Change () Addition
Name: JACKSON, JAMES W JR
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: S (X) Change () Addition
Name: PARKS, NORMAN E
Address: 3150 TINE AVE.
City-St-Zip: MONTGOMERY, AL 36108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN E. PARKS

S

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date