


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90020 024 ***150.00

DOCUMENT # F01000005929 1. Entity Name AMERICAN FREIGHT OF FLORIDA, INC.			
Principal Place of Business 111 SOUTHEAST 17TH ST LEXINGTON, OH 44904		Mailing Address 187 EAST MAIN STREET LEXINGTON, OH 44904	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2770 Lexington Ave - Rear Suite, Apt. #, etc.	
City & State Lexington, OH		4. FEI Number 31-1809578	
Zip 44904-1429		Country United States	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELFORD, STEVE 187 EAST MAIN STREET LEXINGTON, OH 44904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2770 Lexington Ave. - Rear Lexington, OH 44904-1429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELFORD, BARBRA 187 EAST MAIN STREET LEXINGTON, OH 44904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2770 Lexington Ave. - Rear Lexington, OH 44904-1429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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 my address, with an officer or director empowered.			
SIGNATURE: _____		Date: 3/8/04	