

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90062 038 \*\*\*150.00

**DOCUMENT # F03000003391**  
 1. Entity Name  
**ALLFR8 LOGISTICS, INC.**



Principal Place of Business  
**6885 BELFORT OAKS PLACE SUITE 230  
 JACKSONVILLE, FL 32216**

Mailing Address  
**1228 HARRISON POINT TRAIL  
 FERNANDINA BEACH, FL 32034**

**50002912**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number  
**04-3749832**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ENGLERT, CURTIS H  
 2121 CORPORATE SQUARE BLVD. STE. 124  
 JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent  
 Name  
**Englert, Curtish**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6885 Belfort Oaks Place Suite 230**  
 City **Jacksonville** FL Zip Code **32216**

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]* **President/CEO** **4/10/05** 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENGLERT, CURTIS H	
STREET ADDRESS	13832 HARBOR CREEK PL	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLERT, KELLY E	
STREET ADDRESS	13832 HARBOR CREEK PL	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLERT, JOHN V	
STREET ADDRESS	1228 HARRISON POINT TRAIL	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32033	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ENGLERT, MARY J	
STREET ADDRESS	1228 HARRISON POINT TRAIL	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Englert, Curtis H	
STREET ADDRESS	29 N. Roscoe Boulevard	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Englert, Kelly E	
STREET ADDRESS	29 N. Roscoe Boulevard	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Joy Englert, Sec/Tax* **1-10-2005** **904-491-0412** DATE DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR