

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 017 \*\*\*158.75

**DOCUMENT # F06000003729**

1. Entity Name  
**GENERAL FREIGHT SERVICES, INC.**



Principal Place of Business  
**10151 DEERWOOD PARK BLVD, BLDG 300 #240  
JACKSONVILLE, FL 32256**

Mailing Address  
**2970 CLAIRMONT RD NE, STE 810  
ATLANTA, GA 30329**

**40067810**



2. Principal Place of Business - No P.O. Box #  
**10151 Deerwood Park Blvd**

Suite, Apt. #, etc.  
**Bldg. 400, Ste 210**

City & State  
**Jacksonville, FL**

Zip  
**32256**

Country  
**USA**

3. Mailing Address  
**2970 Clairmont Rd, NE**

Suite, Apt. #, etc.  
**Ste 810**

City & State  
**Atlanta**

Zip  
**GA**

Country  
**30329**

04162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**58-2499116**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION  
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 **FL** Zip Code

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, 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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, DANIEL D</b>	
STREET ADDRESS	<b>2970 CLAIRMONT ROAD NE, SUITE 810</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SEBOLT, GREG</b>	
STREET ADDRESS	<b>2970 CLAIRMONT ROAD NE, SUITE 810</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30329</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Chairman + CEO "C"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daniel D. Smith</b>	
STREET ADDRESS	<b>2970 Clairmont Rd, NE, Ste 810</b>	
CITY-ST-ZIP	<b>Atlanta, GA 30329</b>	
TITLE	<b>President + COO "P"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Greg Sebolt</b>	
STREET ADDRESS	<b>2970 Clairmont Rd, NE, Ste 810</b>	
CITY-ST-ZIP	<b>Atlanta, GA 30329</b>	
TITLE	<b>Director of Finance "D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jonathan Sisler</b>	
STREET ADDRESS	<b>2970 Clairmont Rd, NE, Ste 810</b>	
CITY-ST-ZIP	<b>Atlanta, GA 30329</b>	
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 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:** Jonathan Sisler

4/16/07 (404) 636-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #