2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F95000000396

Entity Name: ALLEN FREIGHT SERVICES, INC.

Current Principal Place of Business:

565 ELLIS ROAD SOUTH
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
TONTITOWN, AR 72770

New Mailing Address:

FEI Number: 43-1498191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, WILLIAM K III
1912 OAK CIRCLE
ATLANTIC BEACH, FL 32233 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: DP ( ) Delete
Name: WEAVER, ROBERT W
Address: HWY. 412 W.
City-St-Zip: TONTITOWN, AR 72770

Title: ST ( ) Delete
Name: GODDARD, LARRY J
Address: HWY. 412 W.
City-St-Zip: TONTITOWN, AR 72770

Title: D ( ) Delete
Name: SULLIVAN, DANIEL C
Address: 122 W. 22ND ST.
City-St-Zip: OAK BROOK, IL 60521

Title: D ( ) Delete
Name: MOROUN, MATTHEW T
Address: 835 LAKESHORE
City-St-Zip: GROSSE POINT SHORE, MI 48236

Title: D ( ) Delete
Name: WILKINS, CHARLES F
Address: 932 LONGLAKE DR.
City-St-Zip: BRIGHTON, MI 48116

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: LAWSON, CLIFF
Address: HWY 412 W
City-St-Zip: TONTITOWN, AR 72770

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY GODDARD ST 04/28/2005

Electronic Signature of Signing Officer or Director Date