## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000000396

Entity Name: ALLEN FREIGHT SERVICES, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
565 ELLIS ROAD SOUTH JACKSONVILLE, FL 32254						
Current Mailing Address:				New Mailing Address:		
P.O. BOX 188 TONTITOWN, AR 72770						
FEI Number: 43-1498191 FEI Number Applied For ( ) FEI Number Not					cable ( ) Ce	rtificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1912 OAK CIRCLE				KRAEGEL, KEITH 565 ELLIS ROAD SOUTH JACKSONVILLE, FL 32254 US		
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: KEITH KRAEGEL				04/15/2008		
	Electroni	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( ) I WEAVER, ROBE HWY. 412 W. TONTITOWN, AF			Title: Name: Address: City-St-Zip:	( ) Cha	inge ( ) Addition
Title: Name: Address: City-St-Zip:	ST () I GODDARD, LAR HWY. 412 W. TONTITOWN, AR			Title: Name: Address: City-St-Zip:	( ) Cha	inge()Addition
Title: Name: Address: City-St-Zip:	D () I SULLIVAN, DANI 122 W. 22ND ST OAK BROOK, IL			Title: Name: Address: City-St-Zip:	( ) Cha	ange()Addition
Title: Name: Address: City-St-Zip:	D () I MOROUN, MATT 835 LAKESHORI GROSSE POINT	HEW T		Title: Name: Address: City-St-Zip:	( ) Cha	unge ( ) Addition
Title: Name: Address: City-St-Zip:	D () I WILKINS, CHAR 932 LONGLAKE BRIGHTON, MI	DR.		Title: Name: Address: City-St-Zip:	( ) Cha	inge()Addition
Title: Name: Address: City-St-Zip:	VP () I LAWSON, CLIFF HWY 412 W TONTITOWN, AF			Title: Name: Address: City-St-Zip:	VP (X) Cha LAWSON, WILLIAM HWY 412 W TONTITOWN, AR 7	

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: LARRY J GODDARD ST 04/15/2008