2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003850

1. Entity Name
AVERITT EXPRESS, INC.

Principal Place of Business	Mailing Address
1415 NEAL STREET COOKEVILLE, TN 38502-3166	PO BOX 3166 COOKEVILLE, TN 38502-3166

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
62-0755421
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ 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

U00000346538
04/30/05-80079-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	SASSER, GARY D
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166
TITLE	P
NAME	SASSER, GARY D
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166
TITLE	CFOS
NAME	JOHNSON, GEORGE
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166
TITLE	VP
NAME	JOHNSON, GEORGE
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George G. Holmes 4/26/05 931-525-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #