

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 1415 NEAL STREET COOKEVILLE, TN 38502-3166	Mailing Address PO BOX 3166 COOKEVILLE, TN 38502-3166
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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	

5. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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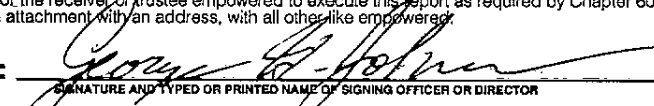
DO NOT WRITE IN THIS SPACE

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, 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SASSER, GARY D 1415 NEAL STREET COOKEVILLE, TN 385023166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SASSER, GARY D 1415 NEAL STREET COOKEVILLE, TN 385023166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS JOHNSON, GEORGE 1415 NEAL STREET COOKEVILLE, TN 385023166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, GEORGE 1415 NEAL STREET 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: 	4/26/05	931-525-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #