

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07444

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FLORIDA FREIGHT CARRIERS CORP.

## Current Principal Place of Business:

% C HAYNE HERNDON  
P.O. BOX 3528  
HAINES CITY, FL 33845 US

## New Principal Place of Business:

2200 SOUTH BOULEVARD WEST  
DAVENPORT, FL 33837 US

## Current Mailing Address:

P.O. BOX 3528  
HAINES CITY, FL 33845 US

## New Mailing Address:

FEI Number: 59-2670355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HERNDON, C. HAYNE  
108 ARROWHEAD LANE  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

HERNDON, CRANEL H  
2200 SOUTH BOULEVARD WEST  
DAVENPORT, FL 33837 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: CRANEL H. HERNDON

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HERNDON, C. HAYNE,  
Address: 108 ARROWHEAD LANE  
City-St-Zip: HAINES CITY, FL

Title: DST ( ) Delete  
Name: HERNDON, SARA J.  
Address: 108 ARROWHEAD LANE  
City-St-Zip: HAINES CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HERNDON, CRANEL H  
Address: 108 ARROWHEAD LANE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: DST (X) Change ( ) Addition  
Name: HERNDON, SARA J  
Address: 108 ARROWHEAD LANE  
City-St-Zip: HAINES CITY, FL 33844 US

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: SARA J. HERNDON

DST

04/30/2007

Electronic Signature of Signing Officer or Director

Date