## . 2007 FOR PROFIT CORPORATION

## **FILED AM**

ANNUAL REPORT					Jan 11, 2007 08:00			
DOCUMENT: #*F 1. Entity Name 1.50 MAIN FREIGHT, INC.		Secretary of Stat						
Principal Place of Business 2177 ALAQUA DRIVE LONGWOOD, FL 32779	21	ling Address 77 ALAQUA DRIVE NGWOOD, FL 32779	•					
DO NOT	WRITE IN	I THIS SPA	CE	01042007 <b>4.</b> FEI Number 01-045	No Chg-P	CR2E034 (11/05	Applied For Not Applicable dditional	
6. Name and	Address of Current Registe	ered Agent		<u>'</u>				
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301					NOT WE			
The above named entity subtractions of registered at the obligations of registered at the obligations.		rpose of changing its registe	red office or registe	red agent, or bot	th, in the State of Florid	a. I am familiar wit	h, and accept	
SIGNATURE		<del>-</del>						
Signature, lyped or printe	ed name of registered agent and title if	applicable (NOTE, Register	ed Agent signature requirer	d when reinstating)	<del></del>	DATE		
FILE NOW!!! FEE After May 1, 2007 Fee	e will be \$550.00	<ol> <li>Election Campaign Fina Trust Fund Contribution</li> </ol>		.00 May Be led to Fees	,			
TITLE PTSD	OFFICERS AND DIRECT	ORS						
NAME CAMMACK, LIK STREET ADDRESS 2177 ALAQUA CITY ST-ZIP LONGWOOD.	DRIVE				U000005; 01./11/07-8(	32556 0036-013 1	50.00	
TITLE NAME STREET ADDRESS	·					* •.		
CHY-SI-ZIP	<u> </u>		-	•	- v			
NAME								
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT WF</b>	RITE	•	
TITLE			1	IN T	THIS SPA	CE		
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								
STREET ADDRESS				•				
TITLE			-					
NAME		•		•				
STREET ADDRESS CITY-ST-ZIP								

12: Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 the chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE: