2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044040

Entity Name: ODESSA FREIGHT LINES INC

FILED Jul 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10416 TARPON SPRINGS RD ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 10416 TARPON SPRINGS RD ODESSA, FL 33556 FEI Number: 20-0834755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, STEVEN 10416 TARPON SPRINGS RD ODESSA, FL 33556 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GHAZI, ADAM Name: Name: GHAZI, ADAM 21026 VOYAGER BLVD UNIT 7 21026 VOYAGER BLVD UNIT 7 Address: Address: City-St-Zip: LAND O LAKES, FL 34638 City-St-Zip: LAND O LAKES, FL 34638 Title: () Delete Title: () Change (X) Addition Name: Name: YOUNG, STEVEN J 10416 TARPON SPRINGS RD Address: Address: ODESSA, FL 33556 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete TRES GHAZI, ARASH D Name: Name: 10416 TARPON SPRINGS RD Address Address: City-St-Zip: City-St-Zip: ODESSA, FL 33556 US Title: () Delete Title: () Change (X) Addition BIERWIRTH, KARL L Name: Name: Address: Address: 14312 ARBOR HILL RD City-St-Zip: City-St-Zip: TAMPA, FL 33624 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: STEVE YOUNG P 07/30/2009