


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

06-14-2007 90001 040 ***150.00

07-12-2007 90054 021 ***400.00

DOCUMENT # P05000151776 1. Entity Name FREIGHT & SHIPPING, INC.					
Principal Place of Business 4890 122ND AVE N SUITE 3 CLEARWATER, FL 33762			Mailing Address 4890 122ND AVE. N SUITE 3 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3795174	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSGRAVE, JASON 4890 122ND AVE. N SUITE 3 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSGRAVE, JASON 4890 122ND AVE. N SUITE 3 CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jason Musgrave</u> <u>2/14/07</u> <u>727-230-9048</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40124480



01252007 Chg-P CR2E034 (12/06)

ATTACHMENT 40124480

☐ CORRECTED (if checked)

#P05000151776

4-1018950-000077-NOT A F.P. X3 TAX 1099-MISC.PMF.R07017.PAM

PAYER'S name, street address, city, state, ZIP code, and telephone no. SOCIAL SECURITY ADMINISTRATION V 6401 SECURITY BLVD. BALTIMORE, MD 21235 410-965-0607		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER's Federal identification number 52-6004813	RECIPIENT'S identification number 203-79-5174	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, street address (including apt. no), city, state, and ZIP code FREIGHT AND SHIPPING, INC 4890 122ND AVE N STE 3 CLEARWATER FL 33762-4411		7 Nonemployee compensation \$ 2883	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (optional)		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. MD	18 State income \$

Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

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		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
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