

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000151776

FILED
Mar 30, 2009
Secretary of State**Entity Name:** FREIGHT & SHIPPING, INC.**Current Principal Place of Business:**4890 122ND AVE N
SUITE 3
CLEARWATER, FL 33762 US**New Principal Place of Business:****Current Mailing Address:**4890 122ND AVE N
SUITE 3
CLEARWATER, FL 33762 US**New Mailing Address:****FEI Number:** 20-3795174**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, PHILLIP C OWNER
4890 122ND AVE. N
SUITE 3
CLEARWATER, FL 33762 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: LEVINE, CHARLES C OWNER
Address: 4890 122ND AVE. N. SUITE 3
City-St-Zip: CLEARWATER, FL 33762**Title:** VPRES () Delete
Name: TAYLOR, GENE D
Address: 4890 122ND AVENUE N SUITE 3
City-St-Zip: CLEARWATER, FL 33762 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: LEVINE, PHILLIP C OWNER
Address: 4890 122ND AVE. N. SUITE 3
City-St-Zip: CLEARWATER, FL 33762**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILLIP C LEVINE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director_____
Date