2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050745

Entity Name: OPEN FREIGHT, INC

City-St-Zip:

CALLAHAN, FL 32011

FILED May 02, 2008 Secretary of State

| y | | KEIOTT, IIVO. | | | |
|---|---|--|---|--|--|
| Current P | rincipal Plac | e of Business: | New Principal Place o | New Principal Place of Business: | |
| 4905 BELFORT RD JACKSONVILLE, FL 32256 | | | | 6601 SOUTHPOINT DR N JACKSONVILLE, FL 32216 | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 4905 BELFORT RD JACKSONVILLE, FL 32256 | | | PO BOX 1306 CALLAHAN, FL 32011 | | |
| FEI Number | : 20-8931307 | 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: | | |
| | TIM J ND RIDGE DR IVILLE, FL 32 | | | | |
| | e named entity e of Florida. | submits this statement for the p | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 93(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DIR (MURRAY, TIM 12648 SAND F JACKSONVILL | RIDGE DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P (LOGUE, BONN 44251 BELLAI CALLAHAN, FI | MY LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | VP (DOWNEY, LO 44251 BELLAI | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: LORRIE DOWNEY VP 05/02/2008