

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 003 ***150.00

DOCUMENT # P97000094363

1. Entity Name
INTERSTATE FREIGHT SERVICE, INC.



Principal Place of Business Mailing Address
~~7620 CONGRESS STREET~~ ~~7620 CONGRESS STREET~~
~~NEW PORT RICHEY, FL 34653 US~~ ~~NEW PORT RICHEY, FL 34653 US~~

60004974



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6710 EMBASSY BLVD. 6710 EMBASSY BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 101 STE. 101

City & State City & State
PORT RICHEY, FL PORT RICHEY, FL

Zip Country Zip Country
34668 USA 34668 USA

01172007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3476103 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KIRBY, ROBERT D Name
~~7620 CONGRESS STREET~~ Street Address (P.O. Box Number is Not Acceptable)
~~NEW PORT RICHEY, FL 34653~~ 6710 EMBASSY BLVD.
STE. 101
City City
PORT RICHEY, FL Zip Code
34668

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution: ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRBY, ROBERT		NAME		
STREET ADDRESS	7620 CONGRESS STREET		STREET ADDRESS	6710 EMBASSY BLVD., STE 101	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653		CITY - ST - ZIP	PORT RICHEY, FL 34668	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRBY, MARJORIE		NAME		
STREET ADDRESS	9554 HILLTOP DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 filers empowered.

SIGNATURE: _____ Date: 1-17-07 Daytime Phone #: 727 841 0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR