

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000009508

1. Entity Name
A-1 FREIGHT SERVICE, INC.



Principal Place of Business
P.O. BOX 970511
COCONUT CREEK, FL 33097 US

Mailing Address
P.O. BOX 970511
COCONUT CREEK, FL 33097 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAAD, CHRIS
733 N.W. 48TH AVENUE
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHAAD, CHRIS
STREET ADDRESS P.O. BOX 970511
CITY-ST-ZIP COCONUT CREEK, FL 33097

TITLE D
NAME SCHAAD, CHRISTINA
STREET ADDRESS P.O. BOX 970511
CITY-ST-ZIP COCONUT CREEK, FL 33097

TITLE
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STREET ADDRESS
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11000007382225
01/11/06-80088-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Christina Schaad* CHRISTINA SCHAAD
Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/05

(954)234-5192

Date

Day/No Phone #