

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 12, 2007 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**



01052007 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)

0000000638734

02/21/07-80073-024 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/07* **(954) 234-5192**

Date

Daytime Phone #