

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001644

Entity Name: 4 E LOGISTICS INC.

FILED  
Apr 09, 2009  
Secretary of State

**Current Principal Place of Business:**

1802 NORTH ALAFAYA TRAIL SUITE 121  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

1802 NORTH ALAFAYA TRAIL SUITE 121  
ORLANDO, FL 32826

**New Mailing Address:**

FEI Number: 20-3925652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: STEWART, PAUL  
Address: 8469 WOODBRIAR  
City-St-Zip: GERMANTOWN, TN 38138

Title: CEO ( ) Delete  
Name: STEWART, PAUL  
Address: 8469 WOODBRIAR  
City-St-Zip: GERMANTOWN, TN 38138

Title: S ( ) Delete  
Name: MILLARD, GARY  
Address: 1802 NORTH ALAFAYA TRAIL #121  
City-St-Zip: ORLANDO, FL 32826

Title: O ( ) Delete  
Name: SMITH, WES  
Address: 2221 ELDGE LAKE DR #180  
City-St-Zip: CHARLOTTE, NC 28217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: MILLARD, GARY  
Address: 1802 NORTH ALAFAYA TRAIL #121  
City-St-Zip: ORLANDO, FL 32826

Title: SVP (X) Change ( ) Addition  
Name: SMITH, WES  
Address: 2221 ELDGE LAKE DR #180  
City-St-Zip: CHARLOTTE, NC 28217

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: GARY MILLARD

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SVP

04/09/2009

\_\_\_\_\_ Date