

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062259

FILED
Aug 16, 2004
Secretary of State

Entity Name: ADVANTAGE LOGISTICS, INC.

Current Principal Place of Business:

1452 NW 196 ST
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1452 NW 196 ST
MIAMI, FL 33169

New Mailing Address:

FEI Number: 01-0711188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITHERSPOON, NELLIE T
1452 NW 196 ST
MIAMI, FL 33169

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: DVP () Delete
Name: WITHERSPOON, NELLIE T
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: NESBITT, TONIA M
Address: 2100 APALACHEE PKWY #9G
City-St-Zip: TALLAHASSEE, FL 32301

Title: PRES (X) Delete
Name: WITHERSPOON, TERRY
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

Title: TREA () Delete
Name: LUMPKIN, WILMA
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

Title: SECR () Delete
Name: LUMPKIN, SHARON
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WITHERSPOON, NELLIE T
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

Title: SECR (X) Change () Addition
Name: NESBITT, TONIA M
Address: 2100 APALACHEE PKWY #9G
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: V.P. (X) Change () Addition
Name: LUMPKIN, SHARON
Address: 1452 NW 196 ST
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NELLIE T. WITHERSPOON

PRES

08/16/2004

Electronic Signature of Signing Officer or Director

Date