

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088261

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: TML LOGISTICS, INC.

**Current Principal Place of Business:**

150 KOKOMO RD  
LAKE HAMILTON, FL 33851

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PEARCE WORLDWIDE L  
PO BOX 307  
BRENTWOOD, TN 37024 US

**New Mailing Address:**

FEI Number: 82-0559801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MULLEN, KIM  
150 KOKOMO RD  
LAKE HAMILTON, FL 33851 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: VD ( ) Delete  
Name: MULLEN, KIMBERLY  
Address: 56 SKIDMORE RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete  
Name: PEARCE, KEVIN  
Address: 616 GOODSPRINGS ROAD  
City-St-Zip: BRENTWOOD, TN 37427

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: PEARCE, KEVIN  
Address: 616 GOOD SPRINGS ROAD  
City-St-Zip: BRENTWOOD, TN 37027

Title: VP (X) Change ( ) Addition  
Name: PEARCE, JOSHUA  
Address: 150 SR 546 WEST  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: VP ( ) Change (X) Addition  
Name: MULLEN, KIM  
Address: 150 SR 546 WEST  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: S ( ) Change (X) Addition  
Name: PEARCE, SUSAN  
Address: 616 GOOD SPRINGS ROAD  
City-St-Zip: BRENTWOOD, TN 37027

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: KEVIN PEARCE

PRES

03/26/2009

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

\_\_\_\_\_ Date