

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088261

Entity Name: TML LOGISTICS, INC.

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

150 KOKOMO RD  
LAKE HAMILTON, FL 33851

**New Principal Place of Business:**

150 SR 546 WEST  
LAKE HAMILTON, FL 33851

**Current Mailing Address:**

C/O PEARCE WORLDWIDE L  
5214 MARYLAND WAY, SUITE 306  
BRENTWOOD, TN 37027 US

**New Mailing Address:**

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

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:**

MULLEN, KIM  
150 SR 546 WEST  
LAKE HAMILTON, FL 33851 US

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:

04/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEARCE, KEVIN  
Address: 616 GOOD SPRINGS ROAD  
City-St-Zip: BRENTWOOD, TN 37027

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

Title: VPT  
Name: MULLEN, KIM  
Address: 56 SKIDMORE ROAD  
City-St-Zip: WINTER HAVEN, FL 33851

Title: S  
Name: PEARCE, SUSAN  
Address: 616 GOOD SPRINGS ROAD  
City-St-Zip: BRENTWOOD, TN 37027

I hereby 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 all other like empowered.

SIGNATURE: KEVIN PEARCE

PRES

04/29/2011

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

\_\_\_\_\_  
Date