

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

04 JUN 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000115264					
1. Entity Name F.A.K. LOGISTICS, INC.					
Principal Place of Business 3401 TOWNSEND BLVD 301 JACKSONVILLE, FL 32277			Mailing Address 3401 TOWNSEND BLVD 301 JACKSONVILLE, FL 32277		
2. Principal Place of Business <i>2923 Wycombe Dr W</i> Suite, Apt. #, etc.		3. Mailing Address <i>2923 Wycombe Dr W</i> Suite, Apt. #, etc.		03012003 Chg-P CR2E034 (10/03)	
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville, FL</i>		4. FEI Number 56-2302683 Applied For Not Applicable	
Zip <i>32277</i>	Country <i>Duval</i>	Zip <i>32277</i>	Country <i>Duval</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTERMAN, LEONARD <i>9218</i> 9118 CYPRESS GREEN DR #207 #11 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Leonard Alterman</i> DATE: <i>5/19/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>D, P, T</i>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSTON, JEFFREY B <input type="checkbox"/> Delete		NAME	<i>2923 Wycombe Dr W</i>	
STREET ADDRESS	3401 TOWNSEND BLVD # 301		STREET ADDRESS	<i>Jacksonville FL 32277</i>	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	<i>Jacksonville FL 32277</i>	
TITLE	<i>D, V-P, S</i>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSTON, JO S <input type="checkbox"/> Delete		NAME	<i>2923 Wycombe Dr. W.</i>	
STREET ADDRESS	3401 TOWNSEND BLVD # 301		STREET ADDRESS	<i>Jacksonville FL 32277</i>	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	<i>Jacksonville FL 32277</i>	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>J. S. Huston</i>			Date: <i>5/19/04</i>		Daytime Phone #: <i>904 944-8983</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>