

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 002 ***158.75

DOCUMENT # 657614

1. Entity Name
**LOGISTICAL TRANSPORTATION COMPANY,
INCORPORATED**



Principal Place of Business
**5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32254 US**

Mailing Address
**5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32254 US**

2. Principal Place of Business - No P.O. Box #
1735 OAKHURST AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 40001
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL.

City & State
JACKSONVILLE FL.

Zip
32208

Country
DUVAL

Zip
32203-0001

Country
DUVAL

04012008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1988061

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, MARION JR.
5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32254**

7. Name and Address of New Registered Agent

Name **MARION GRAHAM JR**
Street Address (P.O. Box Number is Not Acceptable)
1735 OAKHURST AVENUE
City **JACKSONVILLE** FL Zip Code **32208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GRAHAM, MARION**
STREET ADDRESS **5072 PICKETTVILLE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **VP** ☐ Delete
NAME **GRAHAM, CHERYL**
STREET ADDRESS **5072 PICKETTVILLE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **TS** ☐ Delete
NAME **GRAHAM, KIMBERLY**
STREET ADDRESS **5072 PICKETTVILLE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **> SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1735 OAKHURST AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL. 32208**

TITLE **> SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1735 OAKHURST AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

TITLE **> SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1735 OAKHURST AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

904-509-3350

Daytime Phone #