


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 694096

1. Entity Name
 GREAT AMERICAN LOGISTICS, INC.



Principal Place of Business
 3074 TRAFFORD RD.
 MURRYSVILLE, PA 15668

Mailing Address
 P.O. BOX 418
 MURRYSVILLE, PA 15668 US

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
 25-1489506 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, THERESA C
 20241 MELVILLE STREET
 ORLANDO, FL 32833

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KNOEBEL, L.WILLIAM JR. 3074 TRAFFORD RD MURRYSVILLE, PA 15668
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE: _____ **Date:** 7-6-04 **Daytime Phone #** _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR