


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00-AM
Secretary of State

DOCUMENT # F01000001946 1. Entity Name AFFINITY LOGISTICS, INC.	
--	---

Principal Place of Business 533 JOHNSON FERRY RD BLDG D, STE 400 MARIETTA, GA 30068	Mailing Address 533 JOHNSON FERRY RD BLDG D, STE 400 MARIETTA, GA 30068
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PESTODE, BERNARD C 2700 S COMMERCE PKWY FORT LAUDERDALE, FL 33321	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 Bernard C Pestode (NOTE: Registered Agent signature required when re-registering) DATE 03/09/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAYTON, ROGER E 7561 ANGELS ALCOVE COURT LAS VEGAS, NV 89131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HITT, CHARLES T 1700 KENBROOK COURT ACWORTH, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD QUINN, ANTHONY J 5540 WATERFORD GREEN GLEN MARIETTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000086937
03/12/04-80044-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: [Signature] DATE 03/09/04 DAYTIME PHONE # 7702793653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR