## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005568

Entity Name: B-LAK LOGISTIC SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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200 WEST HUNTINGTON AVENUE JONESBORO, AR 72401

Current Mailing Address: New Mailing Address:

P.O. BOX 1139 JONESBORO, AR 72403

FEI Number: 71-0786180 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENNON, DON
5250 DUNDEE ROAD
SUITE B
WINTER HAVEN, FL 33884 US

KENNON, DON
5250 DUNDEE ROAD
WINTER HAVEN, FL 33884 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: DON KENNON 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 KENNON, DON
 Name:
 KENNON, DON

 Address:
 5250 DUNDEE ROAD, SUITE B
 Address:
 5250 DUNDEE ROAD

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: VD () Delete Title: VD (X) Change () Addition

Name: BARNES, THOMAS W Name: KENNON, DAVID W

Address: 200 WEST HUNTINGTON AVENUE Address: 200 WEST HUNTINGTON AVENUE

City-St-Zip: JONESBORO, AR 72401 City-St-Zip: JONESBORO, AR 72401

Title: TSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KENNON, LAURA A
 Name:

 Address:
 200 WEST HUNTINGTON AVENUE
 Address:

 City-St-Zip:
 JONESBORO, AR 72401
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA KENNON TSD 04/30/2007