

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061927

Entity Name: AMD LOGISTICS, INC.

FILED  
Apr 01, 2008  
Secretary of State

**Current Principal Place of Business:**

9557 SOUTH STATE ROAD 121  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1759  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 59-3650187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DENDY, AUDREY  
9557 SOUTH STATE ROAD 121  
MACCLENNY, FL 32063 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: DENDY, AUDREY  
Address: 9557 SOUTH STATE ROAD 121  
City-St-Zip: MACCLENNY, FL 32063

Title: P ( ) Delete  
Name: DENDY, JERRY  
Address: 9557 SOUTH STATE ROAD 121  
City-St-Zip: MACCLENNY, FL 32063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JERRY DENDY

P

04/01/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date