2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109550

Address:

City-St-Zip:

Entity Name: ATLANTIC LOGISTICS, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12807 BAY PLANTATION DR JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** P.O. BOX 600859 JACKSONVILLE, FL 32260 FEI Number: 59-3684851 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: HOOPER, ROBERT W 12807 BAY PLANTATION DR JACKSONVILLE, FL 32223 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HOOPER, ROBERT W HOOPER SR, ROBERT W Name: Name: 12807 BAY PLANTATION DR 12807 BAY PLANTATION DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223 Title: Title: () Change () Addition () Delete Name: HOOPER, EVELYN E Name: 12807 BAY PLANTATION DR Address: Address: JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MAYLAND, SHELBIE Name: Name: 721 MUSKOGEE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: () Change (X) Addition HOOPER JR, ROBERT W Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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.

Address:

City-St-Zip:

676 HAMPTON DOWNS CT

JACKSONVILLE, FL 32223

SIGNATURE: ROBERT W HOOPER JR. VP 04/12/2005