

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114421

FILED  
Jan 22, 2004  
Secretary of State

**Entity Name:** LOGISTICS MANAGEMENT SYSTEMS, INC.

**Current Principal Place of Business:**

5320 LITTLE RD, SUITE 117  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

5320 LITTLE RD, SUITE 117  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3686361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PTD ( ) Delete  
Name: COLLINS, ED  
Address: 5320 LITTLE RD, SUITE 117  
City-St-Zip: TRINITY, FL 34655

Title: VD (X) Delete  
Name: BRIGANTE, CHRISTINE  
Address: 5320 LITTLE RD, SUITE 117  
City-St-Zip: TRINITY, FL 34655

Title: SD (X) Delete  
Name: COLLINS, CORRINE  
Address: 5320 LITTLE RD, SUITE 117  
City-St-Zip: TRINITY, FL 34655

Title: V ( ) Delete  
Name: COLLINS, DEBORAH  
Address: 5320 LITTLE RD #117  
City-St-Zip: TRINITY, FL 34655

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

Title: VD (X) Change ( ) Addition  
Name: COLLINS, ED  
Address: 5320 LITTLE RD, SUITE 117  
City-St-Zip: TRINITY, FL 34655

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

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

Title: P (X) Change ( ) Addition  
Name: COLLINS, DEBORAH  
Address: 5320 LITTLE RD #117  
City-St-Zip: TRINITY, FL 34655

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.

**SIGNATURE:** ED COLLINS

DIR

01/22/2004

Electronic Signature of Signing Officer or Director

Date