2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016544

Title:

Name:

Address:

City-St-Zip:

FILED Mar 05, 2007 Secretary of State

Entity Nai	me: GULF LO	GISTICS SERVICE, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
4220 15 TH ST E BRADENTON, FL 34208				2137 63RD AVE E BRADENTON, FL 34203				
Current Mailing Address:				New Mailing Address:				
4220 15 TI BRADENT	H ST E ON, FL 34208			P O BOX 10 ONECO, FI				
FEI Number	: 04-3612916	FEI Number Applied For()	FEI Nur	nber Not Appli	icable ()	Certific	ate of Status Desi	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	HARD B HST. WEST, S TON, FL 34207							
	named entity s e of Florida.	submits this statement for the	purpose c	f changing it	s registere	d office or	registered agen	t, or both,
SIGNATUI	RE:							
	Electron	ic Signature of Registered Ac	gent				Date	
Election Car	mpaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PVST () FORSHEY, JAN 4220 15 TH ST BRADENTON, F	E		Title: Name: Address: City-St-Zip:	V,T FORSHEY, P O BOX 16 ONECO, FL	JANET 508	() Addition	
Title: Name: Address: City-St-Zip:	FORSHEY, JAN 4220 15 TH ST	E		Title: Name: Address: City-St-Zip:	D FORSHEY, P O BOX 16 ONECO, FL	JAMES 508	() Addition	
Title:	()	Delete		Title:	P,S	() Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JANET FORSHEY VΡ 03/05/2007

() Change (X) Addition

POWERS, TODD M P O BOX 1608

ONECO, FL 34264