

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022541

Entity Name: GML LOGISTICS INC.

FILED  
Apr 04, 2007  
Secretary of State

## Current Principal Place of Business:

3734 131ST AVE NORTH, #12  
CLEARATER, FL 33762

## New Principal Place of Business:

## Current Mailing Address:

5022 31ST AVE. SOUTH  
GULFPORT, FL 33707

## New Mailing Address:

FEI Number: 03-0397320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSEN, KAREN  
16109 DARNELL RD.  
LUTZ, FL 33549 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: P ( ) Delete  
Name: GILCHRIST, GAIL D  
Address: 5022 31ST AVE. SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: S ( ) Delete  
Name: ALTIERI, LESLIE G  
Address: 2805 48TH ST. S  
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: GILCHRIST, LESLIE K  
Address: 2805 48TH ST. S  
City-St-Zip: GULFPORT, FL 33707

Title: VP ( ) Change (X) Addition  
Name: KILLINGSWORTH, JOHN N JR  
Address: 5902 ERHARDT DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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.

SIGNATURE: GAIL D GILCHRIST

P

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date