

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022541

Entity Name: GML LOGISTICS INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

439 19TH STREET SOUTH
ST. PETERSBURG, FL 33712

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: GILCHRIST, LESLIE K
Address: 2805 48TH ST. S
City-St-Zip: GULFPORT, FL 33707

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: KILLINGSWORTH, JOHN N JR
Address: 2001 CIMMARON RUN DR
City-St-Zip: VALRICO, FL 33594

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: GAIL D GILCHRIST

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date