



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 026 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P02000082457 | | | |  | |
| 1. Entity Name DIRECTONE LOGISTICS, INC. | | | | | |
| Principal Place of Business 2110 WHITLOCK PLACE DOVER, FL 33527 | | | Mailing Address 2110 WHITLOCK PLACE DOVER, FL 33527 | | |
| 2. Principal Place of Business 6205 JOHNS RD Suite, Apt. #, etc. SUITE 12 | | 3. Mailing Address 6205 JOHNS RD Suite, Apt. #, etc. SUITE 12 | | 54054875  | |
| City & State TAMPA, FL | | City & State TAMPA FL | | 04012004 Chg-P CR2E034 (10/03) | |
| Zip 33634 | | Country HILLSBOROUGH | | 4. FEI Number 30-0098687 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent FERBER, JAIME A 2110 WHITLOCK PLACE DOVER, FL 33527 | | | 7. Name and Address of New Registered Agent Name: <u>LOUIS A. RODRIGUEZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>6205 JOHNS RD</u> Suite: <u>SUITE 12</u> City: <u>TAMPA</u> FL Zip Code: <u>33634</u> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Louis Rodriguez</u> DATE: <u>5-10-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATTHEWS, BLANE A 2110 WHITLOCK PLACE DOVER, FL 33527 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ✓ <u>LOUIS A. RODRIGUEZ</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>14017 VILLAGE VIEW DR.</u> <u>TAMPA FL 33624</u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Louis Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>5-10-04</u> Daytime Phone # | | |