

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093348

FILED
Jan 07, 2004
Secretary of State

Entity Name: LESS HANDLING SYSTEMS OF JACKSONVILLE, INC.

Current Principal Place of Business:

5669 W. BEAVER STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

5669 W. BEAVER STREET
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-3094864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANKIEWICZ, RICHARD S
1985 APOPKA DRIVE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

STANKIEWICZ, RICHARD S
P O BOX 8607
FLEMMING ISLAND, FL 32006 US

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: RICHARD STANKIEWICZ

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANKIEWICZ, RICHARD S
Address: 1985 APOPKA DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STANKIEWICZ, RICHARD S
Address: P O BOX 8607
City-St-Zip: FLEMMING ISLAND, FL 32006

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: RICHARD STANKIEWICZ

P

01/07/2004

Electronic Signature of Signing Officer or Director

Date