

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90185 048 \*\*\*150.00



**DOCUMENT # P02000094742**  
 1. Entity Name  
 INTERNATIONAL LOGISTIC SOURCES, INC.

Principal Place of Business: 107 INDUSTRIAL BLVD. PENSACOLA, FL 32505 US  
 Mailing Address: P.O. BOX 36100 PENSACOLA, FL 32516 US



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

4. FEI Number: 76-0711221 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 KLEIN, LAVERN J  
 6049 SPANISH OAK DRIVE  
 PENSACOLA, FL 32526

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

\* FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, LAVERN J			NAME			
STREET ADDRESS	6049 SPANISH OAK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, JAMES L			NAME			
STREET ADDRESS	9891 AILERON AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32506			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLS, R. CHRISTOPHER			NAME			
STREET ADDRESS	4041 EAST OLIAVE ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOEPFER, HOWARD			NAME			
STREET ADDRESS	14 BUTLER ST.			STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN, NY 11231			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: James L. Gilbert Date: 04/22/04 Daytime Phone #: (963) 409-4570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR