

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107649

Entity Name: THORPE LOGISTICS, INC

FILED
Sep 29, 2004
Secretary of State

Current Principal Place of Business:

4716 CHARLESTON AVE
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

4716 CHARLESTON AVE
PLANT CITY, FL 33566 US

New Mailing Address:

FEI Number: 51-0428590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, JIMMY D
4716 CHARLESTON AVE
PLANT CITY, FL 33566 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THORPE, JIMMY
Address: 4716 CHARLESTON AVENUE
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: THORPE, ANGELA
Address: 4716 CHARLESTON AVENUE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JIMMY THORPE

P

09/29/2004

Electronic Signature of Signing Officer or Director

Date