


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115264

1. Entity Name
F.A.K. LOGISTICS, INC.



FILED

04 JUN 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3401 TOWNSEND BLVD
301
JACKSONVILLE, FL 32277

Mailing Address
3401 TOWNSEND BLVD
301
JACKSONVILLE, FL 32277

2. Principal Place of Business
2923 Wycombe Dr W
Suite, Apt. #, etc.

3. Mailing Address
2923 Wycombe Dr W
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville, FL

Zip
32277

Country
Duval

Zip
32277

Country
Duval



03012003 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
ALTERMAN, LEONARD
9116 CYPRESS GREEN DR #207 #11
JACKSONVILLE, FL 32256

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 Leonard Alterman DATE 5/19/04

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T HUSTON, JEFFREY B 3401 TOWNSEND BLVD # 301 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2923 Wycombe Dr W Jacksonville FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V-P, S HUSTON, JO S 3401 TOWNSEND BLVD # 301 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2923 Wycombe Dr. W. Jacksonville FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: J. S. Huston DATE: 5/19/04 DAYTIME PHONE: 904 944-8983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR