## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000003271

FILED Apr 29, 2004 Secretary of State

Entity Name: GEMINI LOGISTICS, INC **Current Principal Place of Business: New Principal Place of Business:** 8535 POSEY ROAD JACKSONVILLE, FL 32220 **Current Mailing Address: New Mailing Address:** 8535 POSEY ROAD JACKSONVILLE, FL 32220 FEI Number: 27-0045956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ELEFANT, FRED MARTINEZ, PATRICIA C MRS 1650 PRUDENTIAL DRIVE, SUITE 105 8535 POSEY RD JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32207 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: PATRICIA C. MARTINEZ 04/29/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MARTINEZ, RALPH J Name: Name: 8535 POSEY ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MARTINEZ, PATRICIA Name: 8535 POSEY ROAD Address: Address: JACKSONVILLE, FL 32220 City-St-Zip: City-St-Zip: Title: Title: () Delete PRES ( ) Change (X) Addition MARTINEZ, PATRICIA C MRS Name: Name: 8535 POSEY RD Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32220 US Title: () Delete Title: VΡ ( ) Change (X) Addition DELK, COLLEEN E MRS Name: Name: Address: Address: 8535 POSEY RD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32220 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MARTINEZ, RALPH J MR Address: 8535 POSEY RD Address: JACKSONVILLE, FL 32220 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: MARTINEZ, PATRICIA C MRS 8535 POSEY RD Address: Address:

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.

City-St-Zip:

JACKSONVILLE, FL 32220 US

SIGNATURE: PATRICIA C. MARTINEZ PST 04/29/2004

City-St-Zip: