2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003271

1. Entity Name
GEMINI LOGISTICS, INC.

Principal Place of Business	Mailing Address
8535 POSEY ROAD JACKSONVILLE, FL 32220	8535 POSEY ROAD JACKSONVILLE, FL 32220

03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0045956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, PATRICIA C MRS
8535 POSEY RD
JACKSONVILLE, FL 32220

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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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEZ, RALPH J
STREET ADDRESS	8535 POSEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	D
NAME	MARTINEZ, PATRICIA
STREET ADDRESS	8535 POSEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	PRES
NAME	MARTINEZ, PATRICIA C MRS
STREET ADDRESS	8535 POSEY RD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	VP
NAME	DELK, COLLEEN E MRS
STREET ADDRESS	8535 POSEY RD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	VP
NAME	MARTINEZ, RALPH J MR
STREET ADDRESS	8535 POSEY RD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	ST
NAME	MARTINEZ, PATRICIA C MRS
STREET ADDRESS	8535 POSEY RD
CITY-ST-ZIP	JACKSONVILLE, FL 32220

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05/02/06-80002-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia C Martinez Patricia C. Martinez 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #