

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

07-06-2004 90007 017 \*\*\*158.75

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

44046689



<b>DOCUMENT # P03000047744</b>			
1. Entity Name <b>A&amp;E LOGISTICS COMPANY, INC</b>			
Principal Place of Business 14004 ROOSEVELT BLVD STE 609 CLEARWATER, FL 33762		Mailing Address 14004 ROOSEVELT BLVD STE 609 CLEARWATER, FL 33762	
2. Principal Place of Business 3057 meadow view ave		3. Mailing Address 3057 meadow view ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Country Pinellas	
4. FEI Number 90-0082557		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ADAM 1108 TUSKAWILLA DR #2 CLEARWATER, FL 33758		7. Name and Address of New Registered Agent Name: Adam Wilson Street Address (P.O. Box Number is Not Acceptable): 3057 meadow view ave City: Largo FL Zip Code: 33771	
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:  Adam Wilson DATE: 6-30-04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ADAM	NAME	wilson, Adam
STREET ADDRESS	1108 TUSKAWILLA DR #2	STREET ADDRESS	3057 meadow view ave
CITY- ST- ZIP	CLEARWATER, FL 33758	CITY- ST- ZIP	Largo, FL 33771
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	
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:  Adam Wilson		DATE: 6-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	