

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079764

1. Entity Name

WILSON LOGISTIC SERVICES, INC.

KANDRADO LOGISTIC SERVICES, INC



Principal Place of Business

2210 DELORAINE TRAIL
MAITLAND, FL 32795

Mailing Address

WLS, INC./%TOM FORD, CPA
1601 SW 37TH ST
TOPEKA, KS 66611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

66611-2563

03132004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0838542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DALE
2210 DELORAINE TRAIL
MAITLAND, FL 32795

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President / Treas* ☐ Delete
NAME *Dale Wilson*
STREET ADDRESS *2210 Deloraine Trail*
CITY-ST-ZIP *Maitland FL 32795*

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS *700031546747*
CITY-ST-ZIP *03/31/04--01017--014 **150.00*

TITLE *Vice President* ☐ Delete
NAME *Tom Ford, CPA*
STREET ADDRESS *1601 SW 37th St*
CITY-ST-ZIP *Topeka, KS 66611-2563*

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *Secretary* ☐ Delete
NAME *Mary Clare Wilson*
STREET ADDRESS *4624 SE Oak Bend Drive*
CITY-ST-ZIP *Berlyton, KS 66409-9227*

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ Delete
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

Thomas A. Ford CPA Tom Ford, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04 785-267-6565

Date

Daytime Phone #

FILED

04 MAR 29 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

