

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

04-20-2005 90346 002 ***158.75

DOCUMENT # P04000053413 1. Entity Name FAST LANE LOGISTICS, INC.			
Principal Place of Business 6810 NEW TAMPA HIGHWAY SUITE 300 LAKELAND FL 33806		Mailing Address 6810 NEW TAMPA HIGHWAY SUITE 300 LAKELAND FL 33806	
2. Principal Place of Business 6850 New Tampa Hwy Suite, Apt. #, etc. Suite 300 City & State Lakeland, FL Zip 33815 Country USA POLK		3. Mailing Address 6850 New Tampa Hwy Suite, Apt. #, etc. Suite 300 City & State Lakeland, FL Zip 33815 Country POLK	
4. FEI Number 20-0946756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent HOWARD, KAY D. 6810 NEW TAMPA HIGHWAY SUITE 300 LAKELAND FL 33806		7. Name and Address of New Registered Agent Name KAY D. Howard Street Address (P.O. Box Number is Not Acceptable) 6850 New Tampa Hwy Suite 300 City Lakeland FL Zip Code 33815	
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 Kay D. Howard DATE 5-16-05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Kay Howard 6850 New Tampa Hwy Suite 300 Lakeland, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V-President Bobby Howard 6850 New Tampa Hwy Suite 300 Lakeland, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treas. Ben Howard 6850 New Tampa Hwy Suite 300 Lakeland, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec. Benjamin Howard 6850 New Tampa Hwy Suite 300 Lakeland, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(f), 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: Kay D. Howard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-16-05 Daytime Phone # 863-680-2041	