2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000069561 05-02-2005 90475 011 ***150.00 1. Entity Name GAPCO LOGISTICS, INC. Principal Place of Business Mailing Address 1043 TOPSAIL LANE **1043 TOPSAIL LANE** SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 20-1053167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Defete TITLE ☐ Addition ☐ Change MCCOY, BETTY J NAME NAME STREET ADDRESS 1043 TOPSAIL LANE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition MCCOY, VERNON D NAME NAME STREET ADDRESS 1043 TOPSAIL LANE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WILKINSON, ASHLEY A NAME STREET ADDRESS 1043 TOPSAIL LANE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby cortify that the information supplied with this filling 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 logal 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.

STREET ADDRESS

CITY-ST-7(P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Melay frus.

FILED

BeHV J. McCoy