

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 015 \*\*\*150.00

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1. Entity Name

LOGISTIC MANAGEMENT SPECIALTIES, INC.



Principal Place of Business

Mailing Address

3723 MYKONOS CT  
BOCA RATON FL 33487

3723 MYKONOS CT  
BOCA RATON FL 33487

436 Victoria Hills Dr.  
Deland FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/05)

4. FEI Number

36-4556697

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

BONTATIBUS, DICK  
3723 MYKONOS CT  
BOCA RATON FL 33487

436 Victoria Hills Dr.  
Deland, FL 32724

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BONTATIBUS, DICK  
STREET ADDRESS 3723 MYKONOS CT  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VP ☐ Delete  
NAME BONTATIBUS, NORMA  
STREET ADDRESS 3723 MYKONOS CT  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE S ☐ Delete  
NAME BONTATIBUS, ROBERT  
STREET ADDRESS 5 BIRCH PLACE  
CITY-ST-ZIP RIDGEWOOD NJ 07456

TITLE T ☐ Delete  
NAME O'NESTI, ANITA  
STREET ADDRESS 5 BIRCH PLACE  
CITY-ST-ZIP RIDGEWOOD NJ 07456

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME DICK BONTATIBUS  
STREET ADDRESS 436 Victoria Hills Dr.  
CITY-ST-ZIP Deland, FL 32724

TITLE VP ☒ Change ☐ Addition  
NAME Norma Bontatibus  
STREET ADDRESS 436 Victoria Hills Dr.  
CITY-ST-ZIP Deland, FL 32724

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/06 386 228 3425