

# 2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000006457

1. Entity Name  
INTERFOX LOGISTICS CORP.



Principal Place of Business  
1120 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689

Mailing Address  
1120 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689

FILED

13 APR 17 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-2153729  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALBATUN, MALGORZATA  
1120 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent is not required when re-registering) DATE \_\_\_\_\_

FILE NOW! FEE IS \$150.00  
After May 1, 2013 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | BALBATUN, MALGORZATA     |
| STREET ADDRESS | 1120 WEST CURLEW PLACE   |
| CITY-ST-ZIP    | TARPON SPRINGS, FL 34689 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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04/17/13--01011--002 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

APR 18 2013

T. SCOTT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 807, 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: *MALGORZATA BALBATUN* 4/10/2013 (727) 942-9910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Phone #