

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 031 ***150.00

DOCUMENT # P05000047611

1. Entity Name
DNS LOGISTICS, INC.



Principal Place of Business
4830 W. KENNEDY BLVD
SUITE 750
TAMPA, FL 33609

Mailing Address
4830 W. KENNEDY BLVD
SUITE 750
TAMPA, FL 33609

40077268



2. Principal Place of Business
5113 W. Idlewild Avenue
Suite, Apt. #, etc.

3. Mailing Address
5113 W. Idlewild Avenue
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33634

Country
USA

Zip
33634

Country
USA

01062006 Chg-P CR2E034 (11/05)

4. FEI Number

20-2616863

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

HALL, W. CRAIG
4830 W. KENNEDY BLVD
SUITE 750
TAMPA, FL 33609

Name
Dennis Skalnik
Street Address (P.O. Box Number is Not Acceptable)
5113 W Idlewild Ave
TAMPA FL 33634
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

4-11-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

pd 4-11-06
CH-17169

10. OFFICERS AND DIRECTORS

TITLE NAME	P, D SKALNIK, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9420 EDDINGS ROAD ODESSA, FL 33556	
TITLE NAME	D, S BARNES, DOUGLAS S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5919 FITZGERALD ROAD ODESSA, FL 33556	
TITLE NAME	D HALL, W. CRAIG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4830 W. KENNEDY BLVD., 750 TAMPA, FL 33609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-06 817-267-2711