

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90308 033 \*\*\*158.75

**DOCUMENT # P05000155013**

1. Entity Name

INTERNATIONAL LOGISTICS, INC.



Principal Place of Business

19803 GULF BLVD UNIT 301  
INDIAN SHORES FL 33785

Mailing Address

19803 GULF BLVD UNIT 301  
INDIAN SHORES FL 33785



2. Principal Place of Business

*Same as above*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*USA*

Zip

Country

4. FEI Number

*04-3626173*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GOODMAN, MARY  
19803 GULF BLVD UNIT 301  
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

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

*Mary B. Goodman*

*4/10/2006*

Signature, word 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	PTSD	<input type="checkbox"/> Delete
NAME	GOODMAN, MARY	
STREET ADDRESS	19803 GULF BLVD UNIT 301	
CITY- ST- ZIP	INDIAN SHORES FL 33785	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID C GOODMAN	
STREET ADDRESS	19803 GULF BLVD UNIT 301	
CITY- ST- ZIP	INDIAN SHORES, FL 33785	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CHRISTOPHER H. MCSS	
STREET ADDRESS	308 N PITT STREET	
CITY- ST- ZIP	ALEXANDRIA, VA 22314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*Mary B. Goodman*

*4-3-06*

Date

*727-641-2465*

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR