

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158222

FILED
Mar 23, 2009
Secretary of State

Entity Name: FAIRWAYS LOGISTICS PARTNERS, INC.

Current Principal Place of Business:

6100 ST ANDREWS COURT
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

6100 ST ANDREWS COURT
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-3961664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, HADDON N
6100 ST ANDREWS COURT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALLEN, HADDON N
Address: 6100 ST ANDREWS COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CEO () Delete
Name: ALLEN, HADDON N
Address: 6100 ST ANDREWS COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVPS () Delete
Name: ALLEN, III, WILLIAM K
Address: 2461 RIPPLE CREEK LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: DVP () Delete
Name: HOOD, CHRISTOPHER
Address: 9913 FLOYD
City-St-Zip: OVERLAND PARK, KS 66212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HADDON N ALLEN

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date