

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009618

**FILED**  
**Jul 28, 2010**  
**Secretary of State**

**Entity Name:** MAGELLAN TRANSPORT LOGISTICS, INC.

**Current Principal Place of Business:**

2511 ST. JOHNS BLUFF RD., S.  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

2511 ST. JOHNS BLUFF RD. S.  
107  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

2511 ST. JOHNS BLUFF RD., S.  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

2511 ST. JOHNS BLUFF RD. S.  
107  
JACKSONVILLE, FL 32246 US

FEI Number: 20-4392995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIATAK, TOM  
2511 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

PIATAK, TOM  
2511 ST. JOHNS BLUFF RD. S.  
107  
JACKSONVILLE, FL 32246 US

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

07/28/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PIATAK, TOM  
Address: 2511 ST. JOHNS BLUFF RD. S. #107  
City-St-Zip: JACKSONVILLE, FL 32246

Title: PST  
Name: PIATAK, TOM  
Address: 2511 ST. JOHNS BLUFF RD. S. #107  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: TOM PIATAK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

07/28/2010

\_\_\_\_\_  
Date