

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 040 \*\*\*158.75

**DOCUMENT # P06000051675**

1. Entity Name

STINGRAY LOGISTICS, INC.



Principal Place of Business

P.O. BOX 260308  
TAMPA FL 33685  
US

Mailing Address

P.O. BOX 260308  
TAMPA FL 33685  
US



2. Principal Place of Business - No P.O. Box #

765 DUNBAR AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 260308

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

OLDSMAR, FL

Zip  
34677

Country

FLORIDA

City & State

TAMPA, FL

Zip  
33685

Country

FLORIDA

4. FEI Number

20-4735043

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICA'S TAX SERVICE, INC.  
4815 E BUSCH BLVD  
SUITE 207  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

RAYMOND J. HIGGINS - PRESIDENT

765 DUNBAR AVE

City

OLDSMAR

FL

Zip Code

34677

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 (not applicable).

(NOTE: Registered Agent signature required when resigning)

DATE

4-30-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PST HIGGINS, RAYMOND P.O. BOX 260308 TAMPA FL 33685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. YOUNG, STEVEN J. V.P. 10416 TARPON SPRINGS ROAD ODESSA, FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. GREEN, ELAINE K. SGC 4526 BLOSSOM BLVD ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Higgins

4-30-07

Date

813-852-9999

Daytime Phone #