


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 013 ***150.00

DOCUMENT # P07000008326

1. Entity Name
LKC LOGISTICS, INC



Principal Place of Business
**2555 US 27, SUITE 11
 SEBRING, FL 33870**

Mailing Address
**6316 EDGEWATER TERRACE
 SEBRING, FL 33876**

2. Principal Place of Business - No P.O. Box #
6316 Edgewater ter

3. Mailing Address
SAME

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Sebring FL

City & State
 City & State

Zip
33876 Highlands

Country
 Country

40000000



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
57-0562947

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPP, LANE
 6316 EDGEWATER TERRACE
 SEBRING, FL 33876**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

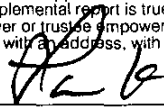
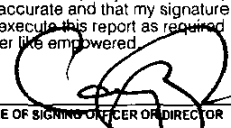
**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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	VPS CAPP, LANE 6316 EDGEWATER TERRACE SEBRING, FL 33876 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAPP, LINDA 6316 EDGEWATER TERRACE SEBRING, FL 33876 <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
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	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lane K CAPP 6316 Edgewater ter Sebring, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linda K CAPP 6316 Edgewater ter Sebring, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crystal M DeWitte 6324 Bayhill LA Sebring, FL 33876
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 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

1-08-08 863-655-3782
 Date Daytime Phone #