

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008326

Entity Name: LKC LOGISTICS, INC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

6316 EDGEWATER TERRACE
SEBRING, FL 33876

New Principal Place of Business:

2301 UTE AVE
LORIDA, FL 33857

Current Mailing Address:

6316 EDGEWATER TERRACE
SEBRING, FL 33876

New Mailing Address:

2301 UTE AVE
LORIDA, FL 33857

FEI Number: 82-0562947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPP, LANE
6316 EDGEWATER TERRACE
SEBRING, FL 33876 US

Name and Address of New Registered Agent:

CAPP, LINDA
2301 UTE AVE
LORIDA, FL 33857 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: LINDA CAPP

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CAPP, LANE
Address: 6316 EDGEWATER TERRACE
City-St-Zip: SEBRING, FL 33876

Title: VPS () Delete
Name: CAPP, LINDA
Address: 6316 EDGEWATER TERRACE
City-St-Zip: SEBRING, FL 33876

Title: VPO (X) Delete
Name: DEWITTE, CRYSTAL M
Address: 6324 BAYHILL LN
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CAPP, LINDA
Address: 2301 UTE AVE
City-St-Zip: LORIDA, FL 33857

Title: VPS (X) Change () Addition
Name: DEWITTE, CRYSTAL
Address: 6324 BAYHILL LANE
City-St-Zip: SEBRING, FL 33876

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: LINDA CAPP

PS

01/07/2009

Electronic Signature of Signing Officer or Director

Date