

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034903

Entity Name: DAMON LOGISTICS, INC.

FILED  
Jul 14, 2008  
Secretary of State

## Current Principal Place of Business:

1700 OWENS ROAD  
JACKSONVILLE, FL 32218 US

## New Principal Place of Business:

13291 VANTAGE WAY  
SUITE 104  
JACKSONVILLE, FL 32218 US

## Current Mailing Address:

PO BOX 18995  
JACKSONVILLE, FL 32229 US

## New Mailing Address:

FEI Number: 20-8667807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: COMER, DORIS  
Address: 1700 OWENS ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete  
Name: MACH, CHUCK  
Address: 106 GENTLE KNOLL DRIVE EAST  
City-St-Zip: KINGSLAND, GA 31548 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: COMER, DORIS  
Address: 106 GENTLE KNOLL DRIVE EAST  
City-St-Zip: KINGSLAND, GA 31548 US

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: DORIS COMER

PD

07/14/2008

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

\_\_\_\_\_  
Date