


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 044 ***150.00

DOCUMENT # P07000060398 1. Entity Name D. AND K. LOGISTICS, INC.					
Principal Place of Business 6879 SE 22ND ST WEBSTER, FL 33597			Mailing Address 6879 SE 22ND ST WEBSTER, FL 33597		
2. Principal Place of Business - No P.O. Box # 9879 SE 22nd St Suite, Apt. #, etc.		3. Mailing Address 9879 SE 22nd St. Suite, Apt. #, etc.			
City & State Webster, FL		City & State Webster, FL		4. FEI Number 26-0229417	
Zip 33597		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAAC, ROOSEVELT S SR 347 S ORANGE AVE ARCADIA, FL 34266			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYSON, BERNARD D 6879 SE 22ND ST WEBSTER, FL 33597 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9879 SE 22nd St. Webster, FL 33597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYSON, KIMBERLY A 6879 SE 22ND ST WEBSTER, FL 33597 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9879 SE 22nd St. Webster, FL 33597	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: Kim Tyson - Kim Tyson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-29-08 352-793-2283 <small>Date Daytime Phone #</small>		