

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 017 ***150.00

DOCUMENT # P07000084036
1. Entity Name LANCER LOGISTICS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 EXECUTIVE WAY Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PONTE VEDRA BEACH, FL	City & State
Zip 32082	Country

40012476 ✓

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3225037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name CODY, RUSSELL W.
Street Address (P.O. Box Number is Not Acceptable) 200 EXECUTIVE WAY
City PONTE VEDRA BEACH
State FL
Zip Code 32082

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODY RUSSELL W. 200 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Russell W. Cody **PRESIDENT** 1/29/08 **904 280-8081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #