

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

05-02-2008 90156 027 ***150.00

DOCUMENT # P07000099910 1. Entity Name GOTTA GO LOGISTICS INC.					
Principal Place of Business 1804 BRANCH VINE DR WEST JACKSONVILLE, FL 32246			Mailing Address 1804 BRANCH VINE DR WEST JACKSONVILLE, FL 32246		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip - Country		City & State Zip Country		4. FEI Number 26-0705077 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04292008 Chg-P CR2E034 (12/08)			
6. Name and Address of Current Registered Agent PALMER, MICHAEL G 1804 BRANCH VINE DR WEST JACKSONVILLE, FL 32246			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: 4-29-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALMER, MICHAEL G 1804 BRANCH VINE DR WEST JACKSONVILLE, FL 32246 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Pres 4-29-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

SUNTRUST BANK
P O BOX 622227
ORLANDO FL 32862-2227

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36/E00/0175/0 /38
1000062073779
05/31/2008



66015838
PO7000099910

Account
Statement

GOTTA GO LOGISTICS INC
1801 BRANCH VILLE DR W
JACKSONVILLE, FL 32218

1039
05-19-08

Pay to the order of Florida U.C. Fund \$189.00
One hundred eighty nine and 00/100

SUNTRUST
014358828 [Signature]

Ck # 1039 05/19 \$189.00

GOTTA GO LOGISTICS INC
1801 BRANCH VILLE DR W
JACKSONVILLE, FL 32218

1042
05-30-08

Pay to the order of Suntrust \$1144.60
One thousand one hundred forty four and 60/100

SUNTRUST
TAN MAY [Signature]

Ck # 1042 05/30 \$1,144.60

GOTTA GO LOGISTICS INC
1801 BRANCH VILLE DR W
JACKSONVILLE, FL 32218

1040
05-29-08

Pay to the order of Fla. Dept. of State \$150.00
One hundred fifty and 00/100

SUNTRUST
ACH RT 05/29/08 [Signature]

Ck # 1040 05/15 (\$150.00)

SUNTRUST

Withdrawal Ticket
Non-Negotiable
Payable to Named Depositor Only

PAYEE NAME Mike Palmer GottaGo Log Date 5-30-08

One hundred twenty five and 00/100

Amount to \$125.00

1000062073779

Ck # 05/30 \$125.00

GOTTA GO LOGISTICS INC
1801 BRANCH VILLE DR W
JACKSONVILLE, FL 32218

1041
05-28-08

Pay to the order of Eddie Williams \$140.00
One hundred forty and 00/100

SUNTRUST
ACH RT 05/28/08 [Signature]

Ck # 1041 05/29 \$140.00