FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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CR2E034B (11/08)

DOCUMENT # P07000132709

1. Entity Name
Ellis Logistics, Inc.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5411 St Helena Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales FL	City & State
Zip: 33898 Country	Zip Country

4. FEI Number: 26-1588524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Tim Ford

Street Address (P.O. Box Number is Not Acceptable): 5411 St. Helena Rd

City: Lake Wales FL Zip Code: 33898

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: Tim Ford
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

800184237418
08/11/10--01004--001 **150.00
DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

CC 8/10/10

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tim Ford - Director/Pres 5411 St. Helena Rd Lake Wales, FL 33898
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elizabeth Ford - Sec/Tres. 5411 St. Helena Rd Lake Wales, FL 33898
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/10 863-439-3232
Date Daytime Phone #