

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030411

Entity Name: BLOXSOM LOGISTICS, INC.

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15515 HWY 301 N  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 324  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

FEI Number: 26-2246220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOXSOM, PATRICIA K  
15515 HWY 301 N  
DADE CITY, FL 33523 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLOXSOM, JASON A  
Address: P.O. BOX 324  
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: VP  
Name: BLOXSOM, PATRICIA K  
Address: P.O. BOX 324  
City-St-Zip: SAN ANTONIO, FL 33576 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA K BLOXSOM

VP

01/25/2011

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

\_\_\_\_\_  
Date