

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066742

Entity Name: CMG LOGISTICS, INC.

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

560 SEBASTIAN SQUARE  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

12276 SAN JOSE BLVD #208  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 32-0164335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAPPELEAR, DOUGLAS  
560 SEBASTIAN SQUARE  
ST. AUGUSTINE, FL 32095 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: DPT  
Name: CHAPPELEAR, DOUGLAS  
Address: 560 SEBASTIAN SQUARE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DVS  
Name: CHAPPELEAR, ELEANOR  
Address: 560 SEBASTIAN SQUARE  
City-St-Zip: ST. AUGUSTINE, FL 32095

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: DOUGLAS CHAPPELEAR

DPT

01/31/2012

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

\_\_\_\_\_  
Date