

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090549

Entity Name: GRS LOGISTICS, INC.

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

885 MEADOWLARK CT SE
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

885 MEADOWLARK CT SE
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 26-3486572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CULPEPPER, RONNIE
885 MEADOWLARK CT SE
WINTER HAVEN, FL 33884 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAPP, SHERRY
Address: 883 MEADOWLARK CT SE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: V () Delete
Name: CULPEPPER, GARY
Address: 462 LAKE DAISY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: S () Delete
Name: CULPEPPER, GLORIA
Address: 462 LAKE DAISY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: T () Delete
Name: CULPEPPER, CHERYL
Address: 885 MEADOWLARK CT SE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D () Delete
Name: CULPEPPER, RONNIE
Address: 885 MEADOWLARK CT SE
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL CULPEPPER

T

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date