



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000071032 1. Entity Name LOGISTICAL RECOVERY SYSTEMS, INC.	
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Principal Place of Business 6620 SOUTHPPOINT DR SUITE 601 JACKSONVILLE, FL 32216 US	Mailing Address P.O. BOX 57636 JACKSONVILLE, FL 32241-7636 US
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DO NOT WRITE IN THIS SPACE

	
02222004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3205651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, GRADY H JR 1414 KINGSLEY AVE ORANGE PARK, FL 32073-4534	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000071037 03/01/04-80055-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLUSKEY, NORMAN D 6620 SOUTHPPOINT DR #601 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCLUSKEY, CHERYL L 6620 SOUTHPPOINT DR #601 JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Norman D. McCluskey</i> NORMAN D. MCCLUSKEY, P. 2-24-2004 (904) 296-3308	DATE	DAYTIME PHONE #
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