

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071032

FILED
Mar 09, 2007
Secretary of State

Entity Name: LOGISTICAL RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1904
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551030
JACKSONVILLE, FL 322551030 US

New Mailing Address:

FEI Number: 59-3205651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GRADY H JR
1414 KINGSLEY AVE
ORANGE PARK, FL 320734534 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCCLUSKEY, NORMAN D
Address: 6817 SOUTHPOINT PKWY STE 1904
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: MCCLUSKEY, CHERYL L
Address: 6817 SOUTHPOINT PKWY STE 1904
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NORMAN D MCCLUSKEY

PTD

03/09/2007

Electronic Signature of Signing Officer or Director

Date