

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000071032

**FILED**  
**Feb 10, 2012**  
**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  
1543 KINGSLEY AVE BLDG 5  
ORANGE PARK, FL 32073 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:** PTD  
**Name:** MCCLUSKEY, NORMAN D  
**Address:** 6817 SOUTHPOINT PKWY STE 1904  
**City-St-Zip:** JACKSONVILLE, FL 32216

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

**Title:** VP  
**Name:** MCCLUSKEY, MATTHEW  
**Address:** 6817 SOUTHPOINT PKWY STE 1904  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** NORMAN D MCCLUSKEY

PTD

02/10/2012

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

\_\_\_\_\_  
Date