


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 045 ***150.00

DOCUMENT # P94000008223	
1. Entity Name SKC LOGISTICS, INC.	

Principal Place of Business 5520 FRANCIS PIPKIN ROAD LAKELAND, FL 33813	Mailing Address 5520 FRANCIS PIPKIN ROAD LAKELAND, FL 33813
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40020000



2. Principal Place of Business - No P.O. Box # 4605 E. Hwy 542	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State Lakeland Florida	City & State
Zip 33801	Country USA

4. FEI Number 59-3238143	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KREMANN, CANDACE D 3501 SWINDELL ROAD PLANT CITY, FL 33565	
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7. Name and Address of New Registered Agent	
Name Palmer, Duane S.	
Street Address (P.O. Box Number is Not Acceptable) 922 Timbergreen Drive	
City Lakeland	FL Zip Code 33809

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 Duane S. Palmer VP/OP MGR <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2-7-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAVES, ROY G 5520 FRANCIS PIPKIN RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KREMANN, CANDACE D 3501 SWINDELL RD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Palmer Duane S. 922 Timbergreen Drive Lakeland FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roy G. Graves P <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 2-7-07 <small>Date</small>
	DAYTIME PHONE # 863-581-7597 <small>Daytime Phone #</small>