

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 001 ***550.00

DOCUMENT # P94000008223

1. Entity Name
SKC LOGISTICS, INC.



Principal Place of Business
**4605 E. HWY 542
LAKELAND, FL 33801**

Mailing Address
**5520 FRANCIS PIPKIN ROAD
LAKELAND, FL 33813**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
922 Timbergreen Drive
Suite, Apt. #, etc.



03032008 Chg-P CR2E034 (12/06)

City & State

City & State
Lakeland, Florida

4. FEI Number
59-3238143

Applied For
Not Applicable

Zip

Country

Zip

Country

33809

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMER, DUANE S
922 TIMBERGREEN DR.
Lakeland, Florida 33809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Palmer, Duane S
922 Timbergreen Dr.
Lakeland, FL 33809** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KREMAN, CANDACE D
3501 SWINDELL RD
PLANT CITY, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Graves, Roy G.
5520 Francis Pipkin Road
Lakeland, FL 33813** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PALMER, DUANE S
922 TIMBERGREEN DR.
LAKELAND, FL 33809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

863-738-2215

Date

Daytime Phone #