

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000063685

1. Entity Name  
VITAL LOGISTICS INC.



FILED

05 OCT 28 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
2023 APOPKA BLVD. 7701 CASASIA PO BOX 681149  
APOPKA, FL 32703 CT. ORLANDO, FL 32868  
ORLANDO, FL 32835

2. Principal Place of Business 3. Mailing Address  
7701 CASASIA COURT P.O. BOX 681149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232005 Chg-P CR2E034 (10/03)

City & State  
ORLANDO FL

City & State  
ORLANDO FL

4. FEI Number  
59-3396232

Applied For  
Not Applicable

Zip Country  
32835 US

Zip Country  
32868 US

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

BLAKELY, PAUL  
7701 CASASIA CT.  
ORLANDO, FL 32811

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

*Paul Blakely*

8-22-05

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  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BLAKELY, PAUL  
STREET ADDRESS 7701 CASASIA CT  
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600060457636  
STREET ADDRESS 10/10/05--01077--009 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600060457636  
STREET ADDRESS 11/08/05--01037--011 \*\*600.00  
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Paul Blakely*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-05/407-582-5179

Date

Daytime Phone #