


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000004462	
1. Entity Name ICS LOGISTICS, INC.	

Principal Place of Business 2625 WEST 5TH STREET JACKSONVILLE, FL 32203	Mailing Address P.O. BOX 41064 JACKSONVILLE, FL 32203 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3427742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPENCE, CARLTON H. 1814 INDUSTRIAL BLVD JACKSONVILLE, FL 32254	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123482 04/22/04-80006-016 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SPENCE, CARLTON H 2625 WEST 5TH STREET JACKSONVILLE, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SPENCE, JEFFREY C 2625 WEST 5TH STREET JACKSONVILLE, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, TERRY 2625 W. 5TH STREET JACKSONVILLE, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIER, MARK 2625 W. 5TH STREET JACKSONVILLE, FL 32254	
TITLE 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: <u>Carlton H. Spence</u>	4/20/04	(904) 486-6050
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>