2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P99000084876

Entity Name: LAKE CITY LOGISTICS OF JACKSONVILLE, INC.

Current Principal Place of Business:

202 W. MARKET RD., #6
STARKE, FL 32091

New Principal Place of Business:

20086 US HWY 301 N
STARKE, FL 32091

Current Mailing Address:

202 W MARKET RD. #6
STARKE, FL 32091

New Mailing Address:

20086 US HWY 301 N
STARKE, FL 32091

FEI Number: 63-1242687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, JIM
20953 NW 55TH AVE.
LAWTEY, FL 32058 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BROWN, STEVE
Address: 103 OLYMPIA DR.
City-St-Zip: EUFAULA, AL 36027

Title: PRES ( ) Delete
Name: LAWRENCE, JIM
Address: 20953 NW 55TH AVE.
City-St-Zip: LAWTEY, FL 32058

Title: VP ( ) Delete
Name: LAWRENCE, DEBORAH
Address: 20953 NW 55TH AVE.
City-St-Zip: LAWTEY, FL 32058

Title: SEC ( ) Delete
Name: LAWRENCE, DEBORAH
Address: 20953 NW 55TH AVE.
City-St-Zip: LAWTEY, FL 32058

Title: TRES ( ) Delete
Name: LAWRENCE, JIM
Address: 20953 NW 55TH AVE.
City-St-Zip: LAWTEY, FL 32058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM LAWRENCE PRES 04/16/2008

Electronic Signature of Signing Officer or Director — Date