

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P99000108651

1. Entity Name
FLEMING LOGISTICS, INC.



Principal Place of Business
**1570 DOXEE TERRACE
MARCO ISLAND, FL 34145**

Mailing Address
**1570 DOXEE TERRACE
MARCO ISLAND, FL 34145**



DO NOT WRITE IN THIS SPACE

02262007 No Chg-P CR2E034 (11/05)

4. FEI Number **62-1482544** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEMING KREIDER, KATHLEEN
1570 DOXEE TERRACE
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000670548
03/27/07-80116-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FLEMING KREIDER, KATHLEEN
STREET ADDRESS	1570 DOXSEE TERRACE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	SEC
NAME	KREIDER, LARRY B
STREET ADDRESS	1570 DOXSEE TERRACE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY KREIDER

3/14/07

239-393-2220

Date

Daytime Phone #