


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P35086  
 1. Entity Name  
 LOGAN PORT RICHEY REALTY CORP.



Principal Place of Business 11540 HWY 92 EAST SEFFNER, FL 33584 US	Mailing Address 11540 HWY 92 EAST. SEFFNER, FL 33584 US
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3039508	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  
 BEYER, DAVID A  
 C/O RUDNICK & WOLFE  
 101 EAST KENNEDY BLVD. - SUITE 2000  
 TAMPA, FL 33602-5133

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retiring) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEAMAN, JULIE 11540 HWY 92 EAST SEFFNER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINKEL, JEFFREY 11540 HWY 92 EAST SEFFNER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEIN, LEWIS 11540 HWY 92 EAST SEFFNER, FL
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 02/21/06-80043-012 150.00

**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: \_\_\_\_\_ **FEB 3 2006** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #