


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36668**  
 1. Entity Name  
 LOGAN FORT MYERS REALTY CORP.



Principal Place of Business      Mailing Address  
 11540 HWY 92 EAST      11540 HWY 92 EAST  
 SEFFNER, FL 33584 US      SEFFNER, FL 33584 US

**DO NOT WRITE IN THIS SPACE**



03312008    No Chg-P    CR2E034 (11/05)

4. FEI Number 11-3042406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000913745  
 05/08/08-80028-017 150.00

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	VD FINKEL, JEFFREY 11540 HWY 92 EAST SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, LEWIS 11540 HWY 92 EAST SEFFNER, FL
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: *Lewis Stein*      Date: 4/18/08      Daytime Phone #: 813 623 5740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lewis Stein*