


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90147 042 ***150.00

DOCUMENT # 130625 1. Entity Name LOGAN DISPOSITION CO.	
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Principal Place of Business 301 N ROME AVE PO BOX 1608 TAMPA, FL 33606	Mailing Address 301 N ROME AVE PO BOX 1608 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

	
02282006	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-0338860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, THOMAS K 1200 W PLATT STREET TAMPA, FL 33606	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOGAN, CORNELIA J. 301 N ROME AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDINGS, JOHN L 301 N ROME AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD A 301 N ROME AVE. TAMPA, FL 33606
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	Date 4/23/2006 Daytime Phone # 813 253 3445
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