

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90017 046 ***150.00

DOCUMENT # 679985

1. Entity Name
LOGAN PROPERTIES, INC.



Principal Place of Business

**C/O CLAUDE D LOGAN III
1200 W CASS ST., SUITE 101
TAMPA, FL 33606-1311 US**

Mailing Address

**C/O CLAUDE D. LOGAN III
1200 W CASS ST., SUITE 101
TAMPA, FL 33606-1311 US**

50001010



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2062819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGAN, CLAUDE III
1200 W CASS ST.
STE 101
TAMPA, FL 33606-1311**

**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, 2005 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	DSVP CLEWIS, LELIA LOGAN 1200 W CASS ST., SUITE 101 TAMPA, FL 336061311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP LOGAN, W. RAY 946 QUINCE AVENUE BOULDER, CO 803040703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOGAN, CLAUDE D., III 1200 W CASS ST., SUITE 101 TAMPA, FL 336061311
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 exemption stated in Section 119.07(3)(i), 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

1/6/05 813 253 3367
Daytime Phone #