

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003830

1. Entity Name
LOGAN ENERGY, CORP.



Principal Place of Business
**1080 HOLCOMB BRIDGE ROAD
BLDG. 100 SUITE 175
ROSEWELL, GA**

Mailing Address
**1080 HOLCOMB BRIDGE ROAD
BLDG. 100 SUITE 175
ROSEWELL, GA**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number **58-2292769** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORM-A-CORP, INC.
100 VILLAGE SQUARE CROSSING, SUITE 103
PALM BEACH GARDENS, FL 33410-4531**

**DO NOT WRITE
IN THIS SPACE**

7. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000507147
04/27/06-80053-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOGAN, SAMUEL JR
STREET ADDRESS	330 BAYON BROOK POINTE
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	VP
NAME	DAVIS, CHRIS
STREET ADDRESS	1080 HOLCOMB BRIDGE ROAD SUITE 175
CITY-ST-ZIP	ROSEWELL, GA
TITLE	ST
NAME	LOGAN, LIZBETH
STREET ADDRESS	330 BAYON BROOK POINTE
CITY-ST-ZIP	ROSWELL, GA 30076
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, or on an attachment with an address, with all other like empowered

SIGNATURE: *Christopher L. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER L. DAVIS

3-30-06

770.650.63

Date

Daytime Phone #