

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G07953

FILED
Mar 21, 2006
Secretary of State

Entity Name: LOGAN INSURANCE AGENCY INC.

Current Principal Place of Business:

3801 NORTH 9TH AVE.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3801 NORTH 9TH AVE.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2239510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, HAROLD G.
2801 HWY. 297A
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

LOGAN, HAROLD G.
1079 SEABREEZE LANE
GULF BREEZE, FL 32563 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/21/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOGAN, HAROLD G.,
Address: 2801 HWY. 297A
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOGAN, HAROLD G.,
Address: 1079 SEABREEZE LANE
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD G LOGAN

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date