2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G27920

1. Entity Name

LOGICAL SOLUTIONS RESEARCH & DEVELOPMENT,



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

9520 OAKWOOD DR LAKE WALES, FL 33898

Mailing Address

9520 OAKWOOD DR

LAKE WALES, FL 33898 US

> 04252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2296363

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SCHINDLER, KURT M. 9520 OAKWOOD DR LAKE WALES, FL 33898

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its req	gistered office or r	egistered agent, or be	oth, in the State of Florid	ia. I am familiar with, a	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f ancharbla (APATS: Pr	acceptored Apont elemeture	a required when reinstating)		DATE	
	Signature, typeu or printed harrie or registered agent and the	applicable. (NOTE: N	egisteren Apent signatur	a reduced who i constantly		5/11	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							is ngiji.
TITLE	DP						
NAME	SCHINDLER, KURT M.						
STREET ADDRESS	9520 OAKWOOD DR		961 f				
CITY-ST-ZIP	LAKE WALES, FL 33898						Å.,, 5 -
TITLE	STD				Unnoncoa	010C	1.00
NAME	SCHINDLER, SANDRA L.				U0000074		, 123
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STREET ADDRESS | 9520 OAKWOOD DR CITY-ST-ZIP LAKE WALES, FL 33898 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I Jurther 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.

(863) 696-7575 Sandra L. Schindler