


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # G27920
1. Entity Name
LOGICAL SOLUTIONS RESEARCH & DEVELOPMENT, INC.



Principal Place of Business Mailing Address
9520 OAKWOOD DR **9520 OAKWOOD DR**
LAKE WALES, FL 33898 US **LAKE WALES, FL 33898 US**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DP SCHINDLER, KURT M. 9520 OAKWOOD DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHINDLER, SANDRA L. 9520 OAKWOOD DR LAKE WALES, FL 33898
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04/18/08-80022-018 150.00

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: Sandra L. Schindler **SANDRA L. SCHINDLER** 4/4/08 (863) 696-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #