FILED Mar 27, 2006 8:00 am Secretary of State

2006	FUR PRUFII CURPURATIUI	٦
	ANNUAL REPORT	
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DOCU 1. Entity Nam LOGAN \	ne	# L32539 ~ ES, INC.					4(03-27-200	_		
Principal Plac	e of Busines	s	Maili	ng Address		· · · · · · · · · · · · · · · · · · ·	1				
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2725 JUDGE FRAN JAIMESON WAY MELBOURNE, FL 32940 US				4230 WOODHAVEN DR Melbourne, Fl 32935 US							
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Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E03	4 (11/05)	
							01162006				
City & Stat	e		City & State				4. FEI Numbe				plied For
			7.2				59-298	4133 V	<u>-</u>	 	t Applicable
Zip	Country			Zip Country			5. Certificate of Status Desired See Required Fee Required				
	6 Name	and Address of Curren	t Register	red Agent	<u> </u>		7 Name and	Address of New R		•	·
						Name	r. maine allu	- Caurdes Of Rost R	-Aistai an W	34111	
PELLIZZI,	ARTHUR	Р									
4230 WOO	DD HAVE	N DRIVE				Street Address ((P.O. Box Numb	er is Not Acceptable	9)		
MELBOUF	RNE, FL 3	32935									
						City	•	3,	FL	Zip Code	•
R The above	named entit	y submits this statement f	or the nur	nose of changing its	register	ed office or register	red agent or bo	th in the State of Ele		1	and accept
	tions of regis		or trie por	pose of changing its	o register	ed office of register	red agenii, or bo	in, in the state of ric	mua. Famia	iiikaar wiiii,	and accept
	•	•									
SIGNATURE.	Signatura busas	l or printed name of registered agen	Land tille il a	Alonia Alonia	E. Doglatas	al American describer and describer	db		DATE		
	Signature, types	co builde timilis or refusioned after	it ainti titie it aj	ррисари (1901	E: negistere	ed Agent signature required	o wnon renstating)		UATE		
		·		9. Election Campa	ion Fina	ncina ¢ 5	.00 May Be	:			
After M	e NOW!!! av 1. 200	FEE IS \$150.00₩ 6 Fee will be \$550	.00	Trust Fund Con		~	led to Fees				
<u></u>											
10.	15	OFFICERS AND	DIRECT		11.		ADDITIONS	CHANGES TO OFF			
TITLE	P	ADTUUD D		☐ Delete	TITL	ł ·				☐ Change	☐ Addition
NAME STREET ADDRESS	1	, ARTHUR P			IE .						
CITY-ST-ZIP	1					EET ADDRESS '-ST-ZIP					
	V	TAIL, I L 32933								—	—
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CITY-ST-ZIP		RNE, FL 32935				'-ST-ZIP					
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NAME					NAM	ME				=	
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CITY-ST-ZIP					CITY	/-ST-ZIP					
12. I hereby	certify that th	e information supplied wi	th this filin	g does not qualify f	or the ex	emptions contained	d in Chapter 11	7. Florida Statutes. I	further certi	ly that the ir	formation
indicated of the co	on this reportion or t	ort or supplemental report the receiver of flustee en achment with an address	is true and towered t	d accurate and that o execute this renef	my signa	iture shall have the ired by Chapter 60	same legal effer 7. Florida Statute	ot as if made under ones; and that my name	oath; that I ar	n an officer Block 10 or	or director Block 11 if
changed	l, or on an att	achment with an address	, with all o	ther like empowered	ſ · · · · ·		. ,	statting tiditi	uppouro III	2100H 10 U	CIOON 11 II
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1	٧	SIGNATURE AND TYPED OF	PRINTED N	AME OF SIGNING OFFICE	DIREC	IUK	,	^ Date	Da	ytime Phone #	