

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000011180 1. Entity Name THE LOGAS GROUP, INC.					
Principal Place of Business 111 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714			Mailing Address 111 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business <i>above</i>		3. Mailing Address <i>above</i>		 03012004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3624315				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGAS, PHILIP L 34 EAST PINE STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Philip L. Logas</i> <i>to New Registered</i> DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LOGAS, LOUIS P 111 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000105255 04/07/04-90017-023 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Louis P. Logas* *3/25/04* *402-862-7387*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #