

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 004 ***150.00

DOCUMENT # P00000106586 1. Entity Name LOGIX3 HOLDING, INC.					
Principal Place of Business 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32207			Mailing Address 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3692709	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent O'DONNELL, JAMES D 1648 OSCEOLA STREET JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 300 City Miami FL Zip Code 33131-3209	
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>James L. Main</i> Signature, typed or printed name of registered agent and title if applicable.		James L. Main, Vice President (NOTE: Registered Agent signature required when reinstating)		7/13/05 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERN, BRUCE R 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LADSON, DON 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32207	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, JOHN 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32207	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Bruce R. Kern</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Bruce R. Kern, Director		7/13/05 Date
Daytime Phone #			Daytime Phone #		

50055797



07122005 Chg-P CR2E034 (10/03)