2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 08:00 AN Secretary of State

DOCUMENT # P0100060062 1. Entity Name GAYLE M. LOGAN, P.A.				Se	cretary of State	
661 A1A BE	EACH BLVD.	lailing Address 1340 CORTEZ ST. ST. AUGUSTINE, FL 32080				
DO NOT WRITE IN THIS SPACE				0412200 4. FEI Nu 01-0	06 No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOGAN, GAYLE M 1340 CORTEZ ST. ST. AUGUSTINE, FL 32080			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered a the obligations of registered agent. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when 9. Election Campaign Financing \$5.00						orida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIREC	Trust Fund Contribution.		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, GAYLE M 1340 CORTEZ STREET ST. AUGUSTINE, FL 32080				U00000 05/20/06-	0564035 -80035-019 150.00
NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^					
12. I hereby certify that the information supplied with this filling 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.						

404-669-277