

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90046 021 \*\*\*150.00

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<b>DOCUMENT # P01000060062</b> 1. Entity Name GAYLE M. LOGAN, P.A.			
Principal Place of Business 661 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080		Mailing Address 1340 CORTEZ ST. ST. AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box # 1093 A1A Beach Blvd Suite, Apt. #, etc. # 232 City & State St. Augustine FL. Zip 32080		3. Mailing Address 1093 A1A Beach Blvd Suite, Apt. #, etc. # 232 City & State St. Augustine FL. Zip 32080	
		03242007    Chg-P    CR2E034 (12/06)	4. FEI Number 01-0592963
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOGAN, GAYLE M 1340 CORTEZ ST. ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name: Gayle Logan Street Address (P.O. Box Number is Not Acceptable) 1093 A1A Beach Blvd # 232 City: St. Augustine FL    Zip Code: 32080	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOGAN, GAYLE M 1340 CORTEZ STREET ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>		Date: 4/19/07    Daytime Phone #: 904 669 2778	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			