

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083440

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** LOGAN WHOLESALE FURNITURE, INC.

**Current Principal Place of Business:**

18323 JORENE ROAD  
ODESSA, FL 33556

**New Principal Place of Business:**

4315 E. COLUMBUS DRIVE  
TAMPA, FL 33605

**Current Mailing Address:**

18323 JORENE ROAD  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3746719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

LOGANS WHOLESALE FURNITURE INC  
4315 E. COLUMBUS DRIVE  
TAMPA, FL 33605 US

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.

**SIGNATURE:** MICHAEL STODDARD

04/27/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT ( ) Delete  
**Name:** STODDARD, MICHAEL T  
**Address:** 18323 JORENE ROAD  
**City-St-Zip:** ODESSA, FL 33566

**Title:** VPS ( ) Delete  
**Name:** STODDARD, MELISSA J  
**Address:** 18323 JORENE RD.  
**City-St-Zip:** ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL STODDARD

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date