

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083440

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: LOGAN WHOLESale FURNITURE, INC.

**Current Principal Place of Business:**

4315 E. COLUMBUS DRIVE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

18323 JORENE ROAD  
ODESSA, FL 33556

**New Mailing Address:**

10526 SABELLA DRIVE  
TRINITY, FL 34655

FEI Number: 59-3746719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

Title: PRES (X) Change ( ) Addition  
Name: STODDARD, MICHAEL T  
Address: 10526 SABELLA DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change ( ) Addition  
Name: STODDARD, MELISSA J  
Address: 10526 SABELLA DRIVE  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date