

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103206

FILED
Apr 15, 2009
Secretary of State

Entity Name: LOGO GLOVE OF FLORIDA, INC.

Current Principal Place of Business:

6301 MAKION LANE
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6301 MAKION LANE
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3756794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMPLIN, CRAIG
6301 MAKION LANE
PANAMA CITY, FL 32404 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: P () Delete
Name: ALTMAN, JOHN
Address: 591 LAGOON OAKS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ST () Delete
Name: CHAMPLIN, CRAIG
Address: 6301 MAKION LANE
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALTMAN, JOHN
Address: 1209 NEW YORK AVE
City-St-Zip: LYNN HAVEN, FL 32444

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

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: JOHN M ALTMAN

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date