## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000004467

Entity Name: LOGICAL EQUIPMENT LOGISTICS, INC.

FILED Mar 18, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
4000 A CLITONI DO A D	750 COMMEDCE DD

4602 ASHTON ROAD 752 COMMERCE DR SARASOTA, FL 34233 15

VENICE, FL 34292

Current Mailing Address: New Mailing Address:

4602 ASHTON ROAD 752 COMMERCE DR SARASOTA, FL 34233 15 VENICE, FL 34292

FEI Number: 04-3733873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ULWELLING, RAY
4602 ASHTON ROAD
5ARASOTA, FL 34233
4502 US
5ARASOTA, FL 34233
5ARASOTA, F

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: RAY ULWELLING 03/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: ULWELLING, RAY Name: ULWELLING, RAY

 Name:
 ULWELLING, RAY
 Name:
 ULWELLING, RAY

 Address:
 4602 ASHTON ROAD
 Address:
 752 COMMERCE DR SUITE 15

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 VENICE, FL 34292

(1) SAINGOTA, TE 34233

 $\label{eq:Title:V} {\sf Title:} \qquad \qquad {\sf V} \qquad \qquad (\ ) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$ 

Name: WANDER, LLOYD

Address: Address: 752 COMMERCE DR SUITE 15

City-St-Zip: City-St-Zip: VENICE, FL 34292

Title: ( ) Delete Title: TS ( ) Change (X) Addition

Name: Name: SCHAEFER, MARK

Address: Address: 752 COMMERCE DR SUITE 15

City-St-Zip: City-St-Zip: VENICE, FL 34292

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: RAY ULWELLING PD 03/18/2005