

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90004 015 ***150.00

DOCUMENT # P03000034738

1. Entity Name
LOGAN'S WAY, INC.



Principal Place of Business
**6302 SE 229TH DR
HAWTHORNE, FL 32640**

Mailing Address
**6302 SE 229TH DR
HAWTHORNE, FL 32640**

50021867



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3108370

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOGAN, TIM M
6302 SE 229TH DRIVE
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LOGAN, VICKI L
6302 SE 229TH DR
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOGAN, TIMOTHY M
6302 SE 229TH DR
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/6/06 352-481-9004

ATTACHMENT

50021867
~~#P03088034738~~

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT MY APOLOGY FOR NOT FILING THIS REPORT ON TIME. I AM A NEW BUSINESS OWNER AND A LITTLE OVERWHELMED WITH ALL THE PAPERWORK ASSOCIATED WITH SUCH. I WILL NEVER MAKE THIS MISTAKE AGAIN. I AM SENDING A CHECK FOR \$150.00 IN HOPES YOU UNDERSTAND MISTAKES HAPPEN. I AM SENDING THIS AS SOON AS I RECEIVED IT. I WOULD NEVER INTENTIONALLY HAVE NOT PAID MY DUES. ONCE AGAIN, PLEASE ACCEPT MY SINCERE APOLOGY.

THANK YOU,

Vicki Logan 7/6/06

VICKI LOGAN

352-481-9004 Business

352-317-7401 Cell