


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90084 010 \*\*\*150.00

**DOCUMENT # P03000064787**

1. Entity Name  
**LOGAN'S RUN ENTERPRISES, INC.**



Principal Place of Business: **3601 SE OCEAN BLVD SUITE 001 STUART, FL 34996**

Mailing Address: **3601 SE OCEAN BLVD SUITE 001 STUART, FL 34996**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



01112005 Chg-P CR2E034 (10/03)

4. FEI Number: **54-2113900** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FERRARO, FRANK A</b> <b>3601 SE OCEAN BLVD SUITE 005</b> <b>STUART, FL 34996</b>		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVD NAME: WILKINSON, LOGAN C STREET ADDRESS: 3601 SE OCEAN BLVD SUITE 001 CITY-ST-ZIP: STUART, FL 34996	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: WILKINSON, BRUCE M STREET ADDRESS: 3601 SE OCEAN BLVD SUITE 001 CITY-ST-ZIP: STUART, FL 34996	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **3/9/05 772285-1396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #