

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109760

Entity Name: L & A LOGGING INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

1115 OLD LANDFILL RD.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

1115 OLD LANDFILL RD.
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-4154977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, APRIL
1115 OLD LANDFILL RD.
DEFUNIAK SPRINGS, FL 32435 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: D () Delete
Name: ANDERSON, LARRY
Address: 1115 OLD LANDFILL RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, LARRY
Address: 1115 OLD LANDFILL RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SEC () Change (X) Addition
Name: ANDERSON, APRIL
Address: 1115 OLD LANDFILL RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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: APRIL ANDERSON

SEC

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date