

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115686

1. Entity Name  
LOGAN HEIGHTS, INC.



05 OCT -4 PM 3:02

Principal Place of Business  
1255 MASON AVENUE  
DAYTONA BEACH, FL 32117

Mailing Address  
1255 MASON AVENUE  
DAYTONA BEACH, FL 32117

2. Principal Place of Business  
736 Alderwood ave

3. Mailing Address  
736 Alderwood ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Daytona, FL

City & State  
Daytona, FL

Zip  
32738

Country  
Volusia

Zip  
32738

Country  
Volusia



**REINSTATEMENT** (0/03) 25

4. FEI Number  
20-0345211

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
RICHARD K. CHURCHMAN, P.O.

Street Address (P.O. Box Number is Not Acceptable)  
1255 MASON AVE

City DAYTONA BEACH FL Zip Code 32117

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 *Richard K. Churchman*

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

(NOTE: Registered Agent signature required when reinstating)

9/14/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by October 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROUNDS, NICOLE J  
1255 MASON AVENUE  
DAYTONA BEACH, FL 32117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700060202607  
10/04/05--01009--016 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Nicky Romo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.15.05 386 235.412  
Date Daytime Phone #