


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-28-2005 90201 048 ***150.00

DOCUMENT # P04000018681 1. Entity Name LOGICESS, INC.																													
Principal Place of Business 22259 STILLWOOD DR LAND O' LAKES, FL 34639			Mailing Address 22259 STILLWOOD DR LAND O' LAKES, FL 34639																										
2. Principal Place of Business 8401 Southside Blvd Suite, Apt. #, etc. 904 City & State Jacksonville FL Zip 32256 Country USA		3. Mailing Address 8401 Southside Blvd Suite, Apt. #, etc. 904 City & State Jacksonville FL Zip 32256 Country USA																											
4. FEI Number _____ Chg-P _____ CR2E034 (10/03) Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent JOHNSON, CHRIS S 22259 STILLWOOD DR LAND O' LAKES, FL 34639			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">CEOP</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, CHRIS S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22259 STILLWOOD DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAND O' LAKES, FL 34639</td> <td></td> </tr> </table>			TITLE	CEOP	<input type="checkbox"/> Delete	NAME	JOHNSON, CHRIS S		STREET ADDRESS	22259 STILLWOOD DR		CITY-ST-ZIP	LAND O' LAKES, FL 34639		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">CEOP</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Johnson, Chris S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8401 Southside Blvd Apt 904</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville FL 32256</td> <td></td> </tr> </table>			TITLE	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Johnson, Chris S		STREET ADDRESS	8401 Southside Blvd Apt 904		CITY-ST-ZIP	Jacksonville FL 32256	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date _____ Daytime Phone # _____</small>																													

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