FILED
Mar 29, 2006 8:00 am
Secretary of State
03-13-2006 90073 023 ***150.00

b5UU/b4b

03052006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105576

1. Entity Name
LOGAN TANNER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
14960 COLLIER BLVD UNIT 1038 NAPLES, FL 34119	14960 COLLIER BLVD UNIT 1038 NAPLES, FL 34119

2. Principal Place of Business	3. Mailing Address
12016 SE 91st Circle	12016 SE 91st Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summer Field, FL	City & State: Summer Field, FL
Zip: 34491 Country:	Zip: 34491 Country:

4. FEI Number: 20-1385437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SALACIAK, JAMES S
14960 COLLIER BLVD UNIT 1038
NAPLES, FL 34119

7. Name and Address of New Registered Agent
Name: Salaciak, James S.
Street Address (P.O. Box Number is Not Acceptable): 12016 SE 91st Circle
City: Summer Field FL Zip Code: 34491

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: James S. Salaciak Pres. [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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALACIAK, JAMES S 14960 COLLIER BLVD UNIT 1038 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Salaciak, James S. 12016 SE 91st Circle Summer Field, FL 34491	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, VICKI L 60 ORCHARD DR INMAN, SC 29349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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] President 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #