

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 029 \*\*\*158.75

<b>DOCUMENT # P04000114033</b>						
<b>1. Entity Name</b> VICTORIA A. LOGAN PA						
<b>Principal Place of Business</b> 409 OAKHAVEN DR MELBOURNE, FL 32940			<b>Mailing Address</b> PO BOX 410006 MELBOURNE, FL 32941			
<b>2. Principal Place of Business</b> 667 ASHBURY AVE.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
<b>City &amp; State</b> MELBOURNE, FL.			<b>City &amp; State</b>			
<b>Zip</b> 32940		<b>Country</b>		<b>4. FEI Number</b> 42-1640235		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>Applied For</b> Not Applicable				
<b>6. Name and Address of Current Registered Agent</b> DESAULNIER, GENEVIEVE E 2003 ALMA DR WEST MELBOURNE, FL 32904				<b>7. Name and Address of New Registered Agent</b>		
Name				Name		
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)		
City				City		
Zip Code				Zip Code		
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be</b> <b>Added to Fees</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> LOGAN, VICTORIA A		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> X Change <input type="checkbox"/> Addition	<b>NAME</b> 667 ASHBURY AVE.	
<b>STREET ADDRESS</b> 409 OAKHAVEN DR	MELBOURNE, FL 32940			<b>STREET ADDRESS</b> MELBOURNE, FL 32940		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 			<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 				<b>NAME</b> 		
<b>STREET ADDRESS</b> 				<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 			<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 				<b>NAME</b> 		
<b>STREET ADDRESS</b> 				<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 			<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 				<b>NAME</b> 		
<b>STREET ADDRESS</b> 				<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>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.</b>						
<b>SIGNATURE:</b> <i>Victoria A. Logan PA</i> VICTORIA A. LOGAN PA 04/20/05 (321) 253-1790						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date Daytime Phone #						