

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 020 ***150.00

DOCUMENT # P05000008188

1. Entity Name

LOGO MASTERS INTERNATIONAL, INC.



Principal Place of Business

1621 W. 9 1/2 MILE ROAD
CANTONMENT FL 32533

Mailing Address

1621 W. 9 1/2 MILE ROAD
CANTONMENT FL 32533



2. Principal Place of Business - No P.O. Box #

2224 Nolan Falkner Ct.

Suite, Apt. #, etc.

3. Mailing Address

2224 Nolan Falkner Ct.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Cantonment, FL

City & State

Cantonment, FL

4. FEI Number

20-2179144

Applied For

Not Applicable

Zip

32533

Country

USA

Zip

32533

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRIST, GLENN
5500 S. FLAMINGO ROAD
SUITE 203
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

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

City

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

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BARNHILL, TAMARA
STREET ADDRESS 1621 W. 9 1/2 MILE ROAD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE VP ☐ Delete
NAME BRIAN MILLER
STREET ADDRESS 2224 NOLAN FALKNER CT
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Tamara L. Barnhill
STREET ADDRESS 2224 Nolan Falkner Ct
CITY-ST-ZIP Cantonment, FL 32533

TITLE VP ☐ Change ☒ Addition
NAME Brian Miller
STREET ADDRESS 2224 Nolan Falkner Ct.
CITY-ST-ZIP Cantonment, FL 32533

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tamara L. Barnhill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08

850-937-6770

Date

Daytime Phone