## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # P05000108874** 04-07-2006 90021 025 \*\*\*158.75 1. Entity Name LOGICAIR, INC. Principal Place of Business Mailing Address 10207 S. INDIAN RIVER DR. 10207 S. INDIAN RIVER DR. FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 2. Principal Place of Business 105 S. LVD14 105*5 India*y Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number Not Applicable \$8.75 Additional Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N121 1AM WATKINS, WILLIAM 10207 S. INDIAN RIVER DR. Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE, FL 34982 8. The above named entity submits this statement for the purpose of changing its registered office or agent, or both, in the State of Florida. I am familiar with, and accept the obligations of jegistered agent. HILLIAM WATKIKS SIGNATURE. Signature, typed or printed name of regi 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition Delete TITLE TITLE WATKINS, WILLIAM NAME NAME STREET ADDRESS 10207 S. INDIAN RIVER DRIVE STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP ☐ Change ■ Addition Oefete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MAJAF NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 see empowered.

**FILED** 

Daytime Phone