

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 006 ***158.75

DOCUMENT # P05000125578

1. Entity Name
LOGHOMES BY J&G INC



Principal Place of Business
**204 E MLK BLVD
TAMPA, FL 33603 US**

Mailing Address
**204 E MLK BLVD
TAMPA, FL 33603 US**

00000471



03042008 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-3421553

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, RICKY
204 E MLK BLVD
TAMPA, FL 33603**

Name **Ricky Johnson**

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

204 E. Dr. M.L. King Jr. Blvd.

City **Tampa**

FL Zip Code **33603**

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**

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 **P** ☐ Delete
NAME **JOHNSON, RICKY**
STREET ADDRESS **204 E MLK BLVD**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **Ricky Johnson (P.)** ☒ Change ☐ Addition
NAME **204 E. Dr. M.L. King Jr. Blvd**
STREET ADDRESS **Tampa FL 33603**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JOHNSON, SHARON**
STREET ADDRESS **200 E MLK BLVD**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **VP** ☒ Change ☐ Addition
NAME **Sharon Hunnewell-Johnson**
STREET ADDRESS **204 E. Dr. M.L. King Jr. Blvd**
CITY-ST-ZIP **Tampa FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/08 **813-234-2264**

Date

Daytime Phone #