

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069327

FILED
Aug 31, 2008
Secretary of State

Entity Name: LOGSDON'S MARTIAL ARTS CENTER, INC.

Current Principal Place of Business:

952 NORTHBROOK DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

952 NORTHBROOK DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGSDON, TRACIE
952 NORTHBROOK DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOGSDON, LLOYD S
Address: 952 NORTHBROOK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: LOGSDON, TRACIE
Address: 952 NORTHBROOK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACIE LOGSDON

VP

08/31/2008

Electronic Signature of Signing Officer or Director

Date