


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36668**  
1. Entity Name  
LOGAN FORT MYERS REALTY CORP.



Principal Place of Business      Mailing Address  
11540 HWY 92 EAST      11540 HWY 92 EAST  
SEFFNER, FL 33584 US      SEFFNER, FL 33584 US

**DO NOT WRITE IN THIS SPACE**



03032005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
11-3042406      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
BEYER, DAVID A  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602-5133

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution,            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEAMAN, JULIE
STREET ADDRESS	11540 HWY 92 EAST
CITY - ST - ZIP	SEFFNER, FL
TITLE	VD
NAME	FINKEL, JEFFREY
STREET ADDRESS	11540 HWY 92 EAST
CITY - ST - ZIP	SEFFNER, FL
TITLE	S
NAME	STEIN, LEWIS
STREET ADDRESS	11540 HWY 92 EAST
CITY - ST - ZIP	SEFFNER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/14/05-80035-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       Date: 3/7/05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR