

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 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



03312008 No Chg-P CR2E034 (11/05)

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 _____

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

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	

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 05/08/08-80028-017 150.00

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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: *Lewis Stein* Date: 4/18/08 Daytime Phone #: 813 623 5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Stein