2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000031876 02-17-2005 90019 038 ***158.75 1. Entity Name LOGISTICAL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5450 BENTGRASS DR 5450 BENTGRASS DR 40019513 SUITE 118 SUITE 118 SARASOTA, FL 34235 SARASOTA, FL 34235 2. Principal Place of Business 3. Mailing Address 4751 TRANIMI CIRL 4751 TRAVINI CIRL Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Chg-P 101 SUITE 101 <u>אדוט S</u> Applied For City & State City & State 4. FEI Number FL. 1=1 S ARASOTA 65-0678865 Not Applicable Country V.S.A Country ^{Zip} 3ዣ 23 ና \$8.75 Additional 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, STEPHAN Street Address (P.O. Box Number is Not Acceptable) 5450 BENTGRASS DR. SARASOTA, FL 34235 City S ARASOTA 3723 (on tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name submits this state the obligations of agent. 1². D GAH 9<u>3TZ</u> SCHWARN SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD Change ☐ Addition TITLE ☐ Delete TITLE SCHWARTZ, STEPHAN P NAME NAME 4751 TRAVINI CIRL SUITE STREET ADDRESS 5450 BENTGRASS DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP SADASOTA A. 34235 **VSTD** ☐ Delete ☐ Change Addition TITLE TITLE SCHWARTZ, RICHARD E NAME NAME 4751 TRAVIN CIAL. SUITE 101 5450 BENTGRASS DR. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-ZIP AFOS ASA C FL. 34235 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Addition TATLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 respectively 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 a particular statutes. indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with JCHWARTY 2/14/05 34)-*9*197

FILED

Feb 17, 2005 8:00 am