

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90049 001 \*\*\*150.00  
01-13-2006 90049 002 \*\*\*\*\*8.75

**DOCUMENT # P96000031876**

1. Entity Name  
**LOGISTICAL TECHNOLOGIES, INC.**



Principal Place of Business

**4751 TRAVINI CIRCLE  
SUITE 101  
SARASOTA, FL 34235**

Mailing Address

**4751 TRAVINI CIRCLE  
SUITE 101  
SARASOTA, FL 34235**

**66000056**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0678865</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, STEPHAN  
4751 TRAVINI CIRCLE SUITE 101  
SARASOTA, FL 34235**

**DO NOT WRITE  
IN THIS SPACE**

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 NO CHANGE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	SCHWARTZ, STEPHAN P
STREET ADDRESS	4751 TRAVINI CIR SUITE 101
CITY-ST-ZIP	SARASOTA, FL 34235

TITLE	VSTD
NAME	SCHWARTZ, RICHARD E
STREET ADDRESS	4751 TRAVINI CIR SUITE 101
CITY-ST-ZIP	SARASOTA, FL 34235

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06

941-341-9197