

**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P97000010197

1. Entity Name
LOGSDON & THOMAS CORP.



Principal Place of Business
**200 MOCKINGBIRD TRAIL
PALM BEACH, FL 33480 US**

Mailing Address
**200 MOCKINGBIRD TRAIL
PALM BEACH, FL 33480**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOGSDON, JOHN
200 MOCKINGBIRD TRAIL
PALM BEACH, FL 33480**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000636788
02/26/07-80035-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOGSDON, JOHN
STREET ADDRESS	200 MOCKINGBIRD TRAIL
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	D
NAME	THOMAS, SUSAN
STREET ADDRESS	200 MOCKINGBIRD TRAIL
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
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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

2/12/07

Date

Daytime Phone #