

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90086 013 ***150.00

DOCUMENT # P97000047969 1. Entity Name LOGUE ENTERPRISES, INC.			
Principal Place of Business 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917 US		Mailing Address 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917 US	
2. Principal Place of Business - No P.O. Box # 6296 CORPORATE COURT Suite, Apt. #, etc. B-102		3. Mailing Address 6296 CORPORATE COURT Suite, Apt. #, etc. B-102	
City & State FT. MYERS FL		City & State FT. MYERS FL	
Zip 33919	Country USA	Zip 33919	Country USA
6. Name and Address of Current Registered Agent LOGUE, PATRICK 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6296 CORPORATE COURT B-102 City FT. MYERS FL Zip Code 33919	
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 <u>PATRICK LOGUE</u> DATE <u>4-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOGUE, PATRICK 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6296 CORPORATE COURT B-102 FT. MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMAN, FRED 2503 DEL PRADO SUITE 300 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6296 CORPORATE COURT B-102 FT. MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-15-07</u>	Daytime Phone # <u>239-333-1137</u>