


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90115 015 ***150.00

DOCUMENT # P97000062623 1. Entity Name LOGAN ACQUISITIONS CORPORATION					
Principal Place of Business 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483			Mailing Address 1000 MARKET STREET SUITE 300 PORTSMOUTH, NH 03801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3389544	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2008 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	VD WALSH, MARK 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael P. Walsh 1001 E. Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MICHAEL 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mark T. Walsh 1001 E Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM 1000 MARKET STREET PORTSMOUTH, NH 03801	<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	P ADE, RICHARDO C 1000 MARKET STREET PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.O.P. Richard C. Ade 1000 Market Street Portsmouth, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARDO 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483	<input checked="" 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	ASD WALSH, PARTICK F 1000 MARKET STREET PORTSMOUTH, NH 03801	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			RICHARD C. ADE EXECUTIVE VICE PRESIDENT Date 1/30/08		