2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000028692

1. Entity Name
LOGAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6606 N ORANGE BLSM TRAIL ORLANDO, FL 32810 US	5075 S ORANGE BLSM TRAIL ORLANDO, FL 32839 US

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3501859	Applied For
	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABRET, STEVEN M
226 HILLCREST STREET
ORLANDO, FL 32801

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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, 2004 Fee will be $550.00

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

U000000137624
04/29/04-80049-001 158.75

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	URANICK, GERALD
STREET ADDRESS	2304 CARIBBEAN COURT
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	URANICK, CAROL
STREET ADDRESS	2304 CARIBBEAN COURT
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: _____ 4-27-04 (407) 290-2878
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #