


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90003 009 \*\*\*150.00

<b>DOCUMENT # P99000056459</b>					
1. Entity Name <b>LOG HARBOR STORAGE GARAGE, INC.</b>					
Principal Place of Business <b>22480 LABRADOR ST. BOCA RATON FL 33428</b>			Mailing Address <b>22480 LABRADOR ST BOCA RATON FL 33428</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0994207</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MORIARTY, WILLIAM</b> <b>22480 LABRADOR ST.</b> <b>BOCA RATON FL 33428</b>			Name <b>William L. HEAD Sr</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2825 NW 29th Dr.</b>		
			City <b>Boca Raton</b>		
			Zip Code <b>FL 33434</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>William L. HEAD Sr</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORIARTY, WILLIAM</b>		NAME	<b>2825 NW 29th Dr.</b>	
STREET ADDRESS	<b>22480 LABRADOR ST</b>		STREET ADDRESS	<b>Boca Raton, Fla. 33434</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORIARTY, FRANCE L</b>		NAME		
STREET ADDRESS	<b>22480 LABRADOR ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <b>William L. HEAD Sr.</b>			<b>9/5/04</b> <b>564482-9852</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*Note Change Above*



Attachment

14027485

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 10, 2004

LOG HARBOR STORAGE GARAGE, INC.  
22480 LABRADOR ST  
BOCA RATON, FL 33428

Subject: LOG HARBOR STORAGE GARAGE, INC.

Reference Number: P99000056459

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ml  
ANNUAL REPORTS SECTION

*Please CK # 1019  
Note Change of  
Address*