

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90021 036 ***150.00

DOCUMENT # P99000056459 1. Entity Name LOG HARBOR STORAGE GARAGE, INC.					
Principal Place of Business 8356 HIGHWAY 441 SE #15 OKEECHOBEE, FL 34974			Mailing Address 8356 HIGHWAY 441 SE #15 OKEECHOBEE, FL 34974		
2. Principal Place of Business - No P.O. Box # 8356 US Hwy 441 SE			Mailing Address DIANE MUSH		
Suite, Apt. #, etc. Lot 26, 27, 28			Suite, Apt. #, etc. 4882 SE BAYSHORE TERR		
City & State OKEECHOBEE, FL			City & State STUART, FL		
Zip 34974		Country USA		02192008 Chg-P CR2E034 (12/08)	
4. FEI Number 65-0994207		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 HARTMAN, JERRY 490 SE 9TH AVE POMPANO, FL 33060			7. Name and Address of New Registered Agent Name DIANE M. MUSH Street Address (P.O. Box Number is Not Acceptable) 4882 SE BAYSHORE TERRACE City STUART FL Zip Code 34997		
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><i>Diane M. Mush</i></u> DATE <u>3/13/08</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</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	D HARTMAN, JERRY 490 SE 9TH AVE POMPANO, FL 33060 <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	S LACERTE, CHANTAL 8356 HIGHWAY 441 SE OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER DIANE M. MUSH 4882 SE BAYSHORE TERRACE STUART, FL 34997 <input checked="" 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	
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><i>Diane M. Mush</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/13/08</u> 772-201-9578 <small>Date Daytime Phone #</small>		