

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000102637

1. Entity Name
LOG CABIN LOUNGE, INC.



Principal Place of Business Mailing Address

1725 US HWY 17 NORTH 1725 US HWY 17 NORTH
BARTOW, FL 33830-9311 BARTOW, FL 33830-9311



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3263264 Not Applicable

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

6. Name and Address of Current Registered Agent

MOONEY, GLADYS
920 S. LAKEVIEW AVE
BARTOW, FL 33830

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: *Gladys Mooney* **GLADYS MOONEY** 2/8/06 DATE

Signature, typed or printed name of registered agent and the entity's name. (NOTE: Registered Agent signature required when restoring.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOONEY, GLADYS 920 S. LAKEVIEW AVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000429713
02/22/06-80020-014 150.00

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: *Gladys Mooney* **GLADYS MOONEY** 2/8/06 863-533-6535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone