


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90038 001 ***150.00

DOCUMENT # P99000102637	
1. Entity Name LOG CABIN LOUNGE, INC.	

Principal Place of Business 1725 US HWY 17 NORTH BARTOW, FL 33830-9311	Mailing Address 1725 US HWY 17 NORTH BARTOW, FL 33830-9311
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2. Principal Place of Business - No P.O. Box # 3379 US Hwy 17N	3. Mailing Address 3379 US Hwy 17N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bartow FL	City & State Bartow FL
Zip 33830-9232	Zip 33830-9232
Country Polk	Country Polk



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3263264	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOONEY, GLADYS 920 S. LAKEVIEW AVE BARTOW, FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOONEY, GLADYS 920 S. LAKEVIEW AVE BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Gladys Mooney</u> GLADYS MOONEY	Date: <u>1/18/08</u>	Daytime Phone #: <u>(863) 533-6555</u>
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