
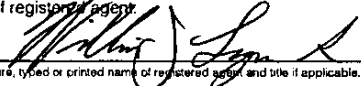
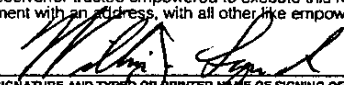


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90033 003 ***150.00

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|--|--|---|--|
| DOCUMENT # H39081 | |  | |
| 1. Entity Name LOGAN MECHANICAL, INC. | | | |
| Principal Place of Business C/O WILLIAM J. LOGAN, SR 8255 125TH CIRCLE N. LARGO, FL 33773 US | | Mailing Address C/O WILLIAM J. LOGAN, SR 8255 125TH CIRCLE N. LARGO, FL 33773 US | |
| 2. Principal Place of Business 12487 WILD ACRES RD Suite, Apt. #, etc. | | 3. Mailing Address 12487 WILD ACRES RD Suite, Apt. #, etc. | |
| City & State LARGO FL | | City & State LARGO FL | |
| 4. FEI Number 59-2504837 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33777 | | Country FLORIDA | |
| Zip 33777 | | Country FLORIDA | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOGAN, WILLIAM J., SR 8255 125TH CIRCLE N. LARGO, FL 33773 | | 7. Name and Address of New Registered Agent Name: LOGAN, WILLIAM J., SR Street Address (P.O. Box Number is Not Acceptable): 12487 WILD ACRES RD City: LARGO FL Zip Code: 33777 | |
| 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: 4-6-05 | |
| SIGNATURE, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | DP LOGAN, WILLIAM J., SR 8255 125TH CIR., NORTH LARGO, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOGAN WM SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12487 WILD ACRES RD LARGO FL 33777 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LOGAN, WILLIAM J. JR 3347 21 AVE SW LARGO, FL 33774 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOGAN WM JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12487 WILD ACRES RD LARGO FL 33777 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LOGAN, PATRICIA L. 8255 125TH CIRCLE DR LARGO, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOGAN PATRICIA L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12487 WILD ACRES RD LARGO FL 33777 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LOGAN, CHRISTIAN 8255 125 CIRCLE N LARGO, FL 33773 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOGAN CHRISTIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12487 WILD ACRES RD LARGO FL 33777 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOGAN, JUSTIN 8255 125TH CIR N LARGO, FL 33773 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOGAN JUSTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12487 WILD ACRES RD LARGO FL 33777 |
| 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 exemption stated in Section 119.07(3)(f), 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:  | | DATE: 4-6-05 727 536 7889 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |