

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H39081

Entity Name: LOGAN MECHANICAL, INC.

FILED  
Nov 06, 2006  
Secretary of State

## Current Principal Place of Business:

12487 WILD ACRES RD  
8255 125TH CIRCLE N.  
LARGO, FL 33773 US

## New Principal Place of Business:

12487 WILD ACRES RD  
12487 WILD ACRES RD.  
LARGO, FL 33773 US

## Current Mailing Address:

C/O WILLIAM J. LOGAN, SR  
8255 125TH CIRCLE N.  
LARGO, FL 33773 US

## New Mailing Address:

C/O WILLIAM J. LOGAN, SR  
12489 WILD ACRES RD.  
LARGO, FL 33773 US

FEI Number: 59-2504837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOGAN, WILLIAM J., SR  
12487 WILD ACRES RD  
LARGO, FL 33773 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: WILLIAM J. LOGAN SR.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LOGAN, WILLIAM J., S, R  
Address: 12487 WILD ACRES RD  
City-St-Zip: LARGO, FL 33773

Title: DV ( ) Delete  
Name: LOGAN, WILLIAM J. JR  
Address: 12487 WILD ACRES RD  
City-St-Zip: LARGO, FL 33774

Title: DS ( ) Delete  
Name: LOGAN, PATRICIA L.  
Address: 12487 WILD ACRES RD  
City-St-Zip: LARGO, FL 33773

Title: DVP ( ) Delete  
Name: LOGAN, CHRISTIAN  
Address: 12487 WILD ACRES RD  
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete  
Name: LOGAN, JUSTIN  
Address: 12487 WILD ACRES RD  
City-St-Zip: LARGO, FL 33773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. LOGAN SR.

Electronic Signature of Signing Officer or Director

PRES

11/06/2006

Date