


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # H39081 1. Entity Name LOGAN MECHANICAL, INC.	
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Principal Place of Business 12487 WILD ACRES RD 12487 WILD ACRES RD. LARGO, FL 33773 US	Mailing Address C/O WILLIAM J. LOGAN; SR 12489 WILD ACRES RD. LARGO, FL 33773 US
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01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2504837	Applied For Not Applicable
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
12487 WILD ACRES RD
LARGO, FL 33773

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOGAN, WILLIAM J., SR 12487 WILD ACRES RD LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOGAN, WILLIAM J. JR 12487 WILD ACRES RD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOGAN, PATRICIA L. 12487 WILD ACRES RD LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOGAN, CHRISTIAN 12487 WILD ACRES RD LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, JUSTIN 12487 WILD ACRES RD LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80054-024 150.00

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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:  **2-19-07** **727.536.7889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM J. LOGAN SR