


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # H39081 1. Entry 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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DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

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
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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.

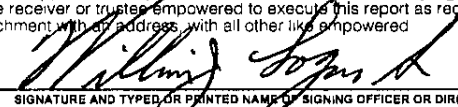
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000810207 02/08/08-80056-002 150.00
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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	

DO NOT WRITE IN THIS SPACE

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:  1-30-08 727 536 7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM J. LOGAN SR.