


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 049 ***150.00

DOCUMENT # P93000013292

1. Entity Name
DAVID LOGUE PLUMBING, INC.



Principal Place of Business Mailing Address
1113 N. PALM AVENUE **1113 N. PALM AVENUE**
PLANT CITY, FL 33566 **PLANT CITY, FL 33566**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1113 N. Palm DR. **1113 N. Palm. DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Plant city, FL. **Plant City, FL.**

City & State City & State
33563 USA **33563 USA**
 Zip Country Zip Country

40000140



01112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3165596 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOGUE, DAVID 1113 N. PALM AVENUE PLANT CITY, FL 33566	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOGUE, DAVID A.			NAME			
STREET ADDRESS	1113 N. PALM DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOGUE, DAVID			NAME			
STREET ADDRESS	1113 N PALM DR.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOGUE, MARK			NAME			
STREET ADDRESS	1113 N PALM DR			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *David Logue* **3/11/07** **813-754-8231**

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