

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 009 ***150.00

DOCUMENT # G31623

1. Entity Name
LOGAN SITEWORK CONTRACTORS, INC.



Principal Place of Business
**601 SOUTH 9TH STREET
LEESBURG, FL 34748 US**

Mailing Address
**PO BOX 492460
LEESBURG, FL 32749-2463 US**

2. Principal Place of Business - No P.O. Box #

35329 Grays Airport Rd

Suite, Apt. #, etc.

3. Mailing Address

35329 Grays Airport Rd

Suite, Apt. #, etc.



02132008

Chg-P

CR2E034 (12/06)

City & State
FRUITLAND PARK, FL

Zip
34781

Country

City & State
FRUITLAND PARK, FL

Zip
34781

Country

4. FEI Number
59-2191227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J.
601 SOUTH 9TH STREET
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOGAN, JAMES P 35329 GRAYS AIRPORT RD FRUITLAND PARK, FL 0, | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LOGAN, BARBARA H 35329 GRAYS AIRPORT RD FRUITLAND PARK, FL 0, | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James P. Logan

(352) 787-8144