

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # H39081

1. Entity Name
LOGAN MECHANICAL, INC.



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**



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 ☐ **\$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 _____

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

(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

TITLE	DP
NAME	LOGAN, WILLIAM J., SR
STREET ADDRESS	12487 WILD ACRES RD
CITY-ST-ZIP	LARGO, FL 33773
TITLE	DV
NAME	LOGAN, WILLIAM J. JR
STREET ADDRESS	12487 WILD ACRES RD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	DS
NAME	LOGAN, PATRICIA L.
STREET ADDRESS	12487 WILD ACRES RD
CITY-ST-ZIP	LARGO, FL 33773
TITLE	DVP
NAME	LOGAN, CHRISTIAN
STREET ADDRESS	12487 WILD ACRES RD
CITY-ST-ZIP	LARGO, FL 33773
TITLE	D
NAME	LOGAN, JUSTIN
STREET ADDRESS	12487 WILD ACRES RD
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80054-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William J. Logan SR

2-19-07 727.536.7889