2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 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

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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOGAN, WILLIAM J., SR
12487 WILD ACRES RD
LARGO, FL 33773

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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 _____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000810207
02/08/08-80056-002 150.00

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

WILLIAM J. LOGAN SR.