

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90033 006 ***150.00

DOCUMENT # P03000085615

1. Entity Name
LOGUE HOME INSPECTIONS INC



Principal Place of Business
**4701 BERWYN COURT
PALM HARBOR, FL 34685**

Mailing Address
**4701 BERWYN COURT
PALM HARBOR, FL 34685**



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0152130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MORRIS, JUDY A~~
~~10319 ASHCROFT TER~~
~~HOMOSASSA, FL 34446~~

DANIEL LOGUE
4701- BERWYN CT
PALM HARBOR, FL

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

3-14-08

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LOGUE, DANIEL M
STREET ADDRESS	4701 BERWYN COURT
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	VT
NAME	LOGUE, PATRICIA A
STREET ADDRESS	4701 BERWYN COURT
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-08 727-934-8339