## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000016761

1. Entity Name

LOGAN'S A/C & HEATING INC



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5813 TANGELO DRIVE FT PIERCE, FL 34982 5813 TANGELO DRIVE

FT PIERCE, FL 34982 US

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0658895

01182006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WINN, LOGAN L JR 5813 TANGELO DRIVE FT PIERCE, FL 34982

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the p the obligations of registered agent.</li></ol>	ourpose of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am	n familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and fille	k applicable. (NOTE, Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	93298000000 82008-80\85\10	

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINN, LOGAN L JR 5823 TANGELO DRIVE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: (2)

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #