

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90003 011 ***150.00



DOCUMENT # 810081
 1. Entity Name
THE POOLE AND KENT COMPANY

Principal Place of Business
1781 NW NORTH RIVER DRIVE
MIAMI, FL 33125

Mailing Address
C/O EMCOR GROUP INC.
301 MERRIT STEVEN
NORWALK, CT 06851



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-0617984** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	EVPS LEVY, JEFFREY M 301 MERRITT SEVEN NORWALK, CT 06851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTA STOFFREGEN, W.D 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, STEVEN C 1718 N.W. NORTH RIVER DRIVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSA JUNG, R.C 4530 HOLLINS FERRY ROAD BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARR, P.H. 1781 NW NOETH RIVER DR MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATZ, R. KEVIN 301 MERRITT SEVEN NORWALK, CT 06851

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/26/04
Date

Daytime Phone #