


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F06000007332

1. Entity Name  
 CCI MECHANICAL, INC.



Principal Place of Business  
 758 SO. REDWOOD RD.  
 SALT LAKE CITY, UT 84104

Mailing Address  
 P. O. BOX 25788  
 SALT LAKE CITY, UT 84125



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 87-0256924

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 32301-2525

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

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLHOLAND, A. DAVIS 758 SO. REDWOOD RD. SALT LAKE CITY, UT 84104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLADIS, MICHAEL R 758 SO. REDWOOD RD. SALT LAKE CITY, UT 84104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAMER, STEVEN W 758 SO. REDWOOD RD. SALT LAKE CITY, UT 84104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNCH, D. PATRICK 758 SO. REDWOOD RD. SALT LAKE CITY, UT 84104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLLEY, KEVIN S 758 SO. REDWOOD RD. SALT LAKE CITY, UT 84104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000803510  
 02/05/08-80027-013 150.00

**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: 1/22/08 Daytime Phone #: (801) 973-9000

A. DAVIS MULLHOLAND - PRESIDENT