


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 11, 2005 08:00 AM  
Secretary of State**

DOCUMENT # F98000003761 1. Entity Name GULFSIDE MECHANICAL, INC.	
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Principal Place of Business 435 CORDAY STREET PENSACOLA, FL 32503 US	Mailing Address 777 POST OAK BOULEVARD # 500 HOUSTON, TX 77056
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**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2885030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BEITTENMILLER, J. GORDON 777 POST OAK BLVD., SUITE 500 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, KIM 435 CORDAY STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD GEORGE, WILLIAM 777 POST OAK BLVD., SUITE 500 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, MICHAEL 777 POST OAK BLVD STE 500 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80029-023 150.00

**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)(f), 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]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #