


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90012 022 ***150.00

| | | |
|---|---|--|
| DOCUMENT # L67264 | |  |
| 1. Entity Name B.C.I. MECHANICAL, INC. | | |
| Principal Place of Business 414 MARTIN ROAD SE PALM BAY FL 32909 US | | Mailing Address BROWN, JAMES M 414 MARTIN ROAD SE PALM BAY FL 32909 US |
| 2. Principal Place of Business 145 East Drive | 3. Mailing Address 145 East Drive | |
| Suite, Apt. #, etc. | | City, State Melbourne FL |
| City & State Melbourne, FL | | City & State Melbourne FL |
| Zip 32904 Country USA | | Zip 32904 Country US |



MOORE CR2E034 (11/03)

| | |
|---|--|
| 4. FEI Number 59-3016215 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent BROWN, JAMES M. 250 LANSING ISLAND DRIVE PALM BAY FL 32907 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City Indian Harbor Bch State FL Zip Code 32937 | | City Indian Harbor Bch State FL Zip Code 32937 | |

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BROWN, JAMES M. | | NAME BROWN, JAMES M. | |
| STREET ADDRESS 414 MARTIN RD. | | STREET ADDRESS 145 East Drive | |
| CITY-ST-ZIP PALM BAY FL 32909 | | CITY-ST-ZIP Melbourne FL 32904 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  **James Brown, President** 3/5/04 321-726-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #