

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000008328

**FILED**  
**Aug 27, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN MECHANICAL SERVICES, INC.

**Current Principal Place of Business:**

3070 RANCH RD  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

1743 CANOVA ST  
PALM BAY, FL 32909 US

**Current Mailing Address:**

3070 RANCH RD  
MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 20-2661284      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, ROBERT  
3070 RANCH RD  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SHIELDS, ROBERT D  
Address: 3070 RANCH RD  
City-St-Zip: MELBOURNE, FL 32904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: GOODNIGHT, GARY W  
Address: 2081 THORNWOOD DR  
City-St-Zip: PALM BAY, FL 32909 US

Title: VP ( ) Change (X) Addition  
Name: GOODNIGHT, MATTHEW D  
Address: PO BOX 100316  
City-St-Zip: PALM BAY, FL 32910 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D SHIELDS

PRES

08/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date