

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 582979

**Entity Name:** ACTIVE MECHANICAL, INC.

**Current Principal Place of Business:**

301 DECARIE ST.  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

PO BOX 70  
41 BACKSIDE LANE  
DILDO,NL,CANADA AOB1PO, OC 12345 OC

**FEI Number:** 59-1860166

**Certificate of Status Desired:** No

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

SCHMIDT, SIEGFRIED  
301 DECARIE ST.  
DELRAY BEACH, FL 33444 US

*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

**Officer/Director Detail :**

Title	P	Title	T
Name	SCHMIDT, SIEGFRIED	Name	SCHMIDT, MONICA
Address	41 BACKSIDE LANE	Address	41 BACKSIDE LANE
City-State-Zip:	DILDO, NL CANADA AOB1PO OC 12345	City-State-Zip:	DILDO, NL CANADA AOB1PO OC 12345

*I hereby 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 all other like empowered.*

**SIGNATURE:** MONICA SCHMIDT

**TREASURER**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date