

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019918

Entity Name: J.S.R MECHANICAL SERVICES, INC.**Current Principal Place of Business:**5482 SHARRON RD
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**5482 SHARRON RD
GREEN COVE SPRINGS, FL 32043**FEI Number:** 41-2036684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, JONATHAN C
5482 SHARRON RD
GREEN COVE SPRINGS, FL 32043 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
Name	ROGERS, JONATHAN C
Address	5482 SHARRON RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	V
Name	ROGERS, JUSTIN R
Address	5482 SHARRON RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	V
Name	ROGERS, KYLE T
Address	5482 SHARRON RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	V
Name	ROGERS, JENNA L
Address	5482 SHARRON RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	ST
Name	ROGERS, SHELLY H
Address	5482 SHARRON RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: JONATHAN C. ROGERS**PRESIDENT****04/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date