


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # 262289	
1. Entity Name W. W. GAY MECHANICAL CONTRACTOR, INC.	

Principal Place of Business 524 STOCKTON STREET JACKSONVILLE, FL 32204	Mailing Address 524 STOCKTON STREET JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0977396	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

GAY, WILLIAM W  
524 STOCKTON STREET  
JACKSONVILLE, FL 32204

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IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GAY, WILLIAM W 5809 CEDAR OAKS DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUSER, FRANK 5804 CEDAR OAKS DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, ELOISE D 5809 CEDAR OAKS DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAINTER, DEAN M 524 STOCKTON ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, KATHRYN S. 3538 EDGEWATER DRIVE JACKSONVILLE, FL

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1100000185392  
01/21/05-80013-024 150.00

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:  1/18/05 (904) 388-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #