

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 262289

FILED
Feb 05, 2009
Secretary of State

Entity Name: W. W. GAY MECHANICAL CONTRACTOR, INC.

Current Principal Place of Business:

524 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

524 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-0977396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK-COLD, KATHLEEN
ONE INDEPENDENT DRIVE
STE. 2301
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: GAY, WILLIAM W
Address: 5809 CEDAR OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: HOUSER, FRANK
Address: 5804 CEDAR OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: GAY, ELOISE D
Address: 5809 CEDAR OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: COLD, KATHLEEN N
Address: ONE INDEPENDENT DR. STE. 2301
City-St-Zip: JACKSONVILLE, FL 32202

Title: V () Delete
Name: PAINTER, DEAN M
Address: 524 STOCKTON ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: LEE, KATHRYN S.,
Address: 3538 EDGEWATER DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: GAY, WILLIAM W
Address: 5809 CEDAR OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: SD (X) Change () Addition
Name: GAY, ELOISE D
Address: 5809 CEDAR OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: T (X) Change () Addition
Name: LEE, KATHRYN S.,
Address: 3538 EDGEWATER DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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: WILLIAM W GAY

CEO

02/05/2009

Electronic Signature of Signing Officer or Director

Date