

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 307756

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAKE MECHANICAL CONTRACTORS, INC.

Current Principal Place of Business:

343 NO. BAY ST
P.O.BOX 1924
EUSTIS, FL 32727 US

New Principal Place of Business:

343 NO. BAY ST
EUSTIS, FL 32726 US

Current Mailing Address:

343 NO. BAY ST
P.O.BOX 1924
EUSTIS, FL 32727 US

New Mailing Address:

343 NO. BAY ST
EUSTIS, FL 32726 US

FEI Number: 59-1146650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOHN B.
343 N. BAY STREET
EUSTIS, FL 32726 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: PD () Delete
Name: SMITH, JOHN B.
Address: 812 JEFFRIES CT.
City-St-Zip: EUSTIS FLA,

Title: STD () Delete
Name: SMITH, EVELYN
Address: 812 JEFFRIES CT.
City-St-Zip: EUSTIS, FL

Title: VP () Delete
Name: JOHANSEN, BRUCE
Address: 3102 GARDEN ROAD
City-St-Zip: EUSTIS, FL

Title: AST () Delete
Name: ALDERMAN, MICHELE M.
Address: 7360 OLA CIRCLE
City-St-Zip: TANGERINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHELE M. ALDERMAN

AST

04/29/2009

Electronic Signature of Signing Officer or Director

Date