2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331832

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA MECHANICAL SYSTEMS, INC

FILED Jan 17, 2009 Secretary of State

	iidi TEOMB	(WEST IN WISH E STOTE WIS, III			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KTON STREE VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	KTON STREE VILLE, FL 322				
FEI Number:	59-1212797	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1 INDEPEN					
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (GAY, WILLIAM 5809 CEDAR O JACKSONVILL	AKS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (LEE, KATHRYN 3538 EDGEWA JACKSONVILL	TER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GAY, ROBERT	HORES CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROGER W. PAINTER P 01/17/2009

() Delete

7906 HOLIDAY ROAD SOUTH

PAINTER, ROGER W

JACKSONVILLE, FL

() Change () Addition