

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 627511

1. Entity Name
MECHANICAL, INC.



Principal Place of Business

**4724 53RD AVENUE EAST
PO BOX 21114
BRADENTON, FL 34204-1114 US**

Mailing Address

**P. O. BOX 21114
BRADENTON, FL 34204-1114 US**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1929410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SUTTON, CLAYTON E
4720 53RD AVENUE E.
BRADENTON, FL 34264**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when relinquishing.) DATE _____

**FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUTTON, CLAYTON
STREET ADDRESS	2123 46TH ST CT EAST
CITY- ST- ZIP	BRADENTON, FL
TITLE	STD
NAME	SUTTON, DIANE L.
STREET ADDRESS	2123 46TH ST. CT. E.
CITY- ST- ZIP	BRADENTON, FL
TITLE	P
NAME	SUTTON, NEIL
STREET ADDRESS	3208 48TH AVE DR W
CITY- ST- ZIP	BRADENTON, FL 34264
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000909724
05/06/08-80081-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08
Date

941-756-1504
Office Phone