

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 045 ***158.75

DOCUMENT # 628795

1. Entity Name
MECHANICAL RESOURCES, INC.



Principal Place of Business 222 LAKEVIEW AVENUE SUITE 160 RM 177 WEST PALM BEACH, FL 33401	Mailing Address 222 LAKEVIEW AVE. SUITE 160 RM 177 WEST PALM BEACH, FL 33480 US
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50015130



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2059792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYANT, WILLIAM
3546 SOUTH OCEAN BLVD
SUITE 618
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	BRYANT, WILLIAM J	
STREET ADDRESS	3546 SOUTH OCEAN BLVD STE 618	
CITY - ST - ZIP	PALM BEACH, FL 33480	

TITLE	VP	☐ Delete
NAME	BRYANT, MAUREEN A	
STREET ADDRESS	3546 SO. OCEAN BLVD. APT 618	
CITY - ST - ZIP	PALM BEACH, FL 33480	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
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CITY - ST - ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

William Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06