


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90245 035 \*\*\*150.00

<b>DOCUMENT # 835479</b> 1. Entity Name <b>MECHANICAL EQUIPMENT COMPANY, INC.</b>					
Principal Place of Business <b>3855 FRANCE ROAD NEW ORLEANS, LA 70126</b>			Mailing Address <b>1615 POYDRAS ST 1400 NEW ORLEANS, LA 70112</b>		
2. Principal Place of Business <b>13189 HWY 190</b>		3. Mailing Address <b>13189 HWY 190</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>COVINGTON, LA</b>		City & State <b>COVINGTON, LA</b>		4. FEI Number <b>72-0397859</b>	
Zip <b>70433</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>70433</b>		Country <b>USA</b>		01052006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MCMILLAN, LR</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GSELL, GORDON B., JR.</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POTTHARST, TITINE C.</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEORGE V GSELL</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSV</b> <b>SIRAGUSA, REANO P</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DISI, SHARIF</b> <b>1615 POYDRAS ST., #1400</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13189 HWY 190</b> <b>COVINGTON, LA 70433</b>	
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: <b>REANO P. SIRAGUSA</b>			Date <b>1/5/06</b> Daytime Phone # <b>281-276-7602</b>		