


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 013 ***550.00

DOCUMENT # 835479	
1. Entity Name MECHANICAL EQUIPMENT COMPANY, INC.	

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Principal Place of Business 13189 HWY 190 COVINGTON, LA 70433	Mailing Address 13189 HWY 190 COVINGTON, LA 70433
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMILLAN, LEE R III 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMILLAN, L.R. III 13189 HWY 190 COVINGTON, LA 70433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GSELL, GORDON B., JR. 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTHARST, TITINE C. 13189 HWY 190 COVINGTON, LA 70433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, LEE R. III 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE V GSELL 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV SIRAGUSA, REANO P 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISI, SHARIF 13189 HWY 190 COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7/15/08** **985-249-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #