

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840237

FILED  
Feb 06, 2004  
Secretary of State

Entity Name: B & W MECHANICAL CONTRACTORS, INC.

**Current Principal Place of Business:**

2920 PACIFIC DR.  
PO BOX 2223  
NORCROSS, GA 30091

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2223  
NORCROSS, GA 30091

**New Mailing Address:**

FEI Number: 58-1021874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, W. CHANDLER JR  
Address: 7440 MCBRAYER ROAD  
City-St-Zip: CUMMING, GA 30040

Title: CEO ( ) Delete  
Name: MARTIN, DOUGLAS D  
Address: 165 FORESTVIEW DRIVE  
City-St-Zip: SUWANEE, GA 30024

Title: CFO ( ) Delete  
Name: BASS, BARBARA W  
Address: 845 LONGWOOD LANE  
City-St-Zip: ALPHARETTA, GA 30004

Title: COO ( ) Delete  
Name: BERRY, RON W  
Address: 2109 PINETREE DRIVE, C-20  
City-St-Zip: BUFORD, GA 30518

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: BASS, MATTHEW C  
Address: 845 LONGWOOD LANE  
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: BARBARA W. BASS

CFO

02/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date