

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840237

FILED
Mar 31, 2008
Secretary of State

Entity Name: B & W MECHANICAL CONTRACTORS, INC.

Current Principal Place of Business:

2920 PACIFIC DRIVE
NORCROSS, GA 30071

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 (X)

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: HAMILTON, JAMES A
Address: 290 PACIFIC DRIVE
City-St-Zip: NORCROSS, GA 30071

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CINDY SHANER

ASST

03/31/2008

Electronic Signature of Signing Officer or Director

_____ Date