

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 849281

1. Entity Name
BATCHELOR'S MECHANICAL CONTRACTORS, INC.



Principal Place of Business
**3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE, AL 36670**

Mailing Address
**3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE, AL 36670**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0804560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOBLES, STEWART 3110 OLD SHELL RD MOBILE, AL 36670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUE, WILLIAM R 3110 OLD SHELL RD MOBILE, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FULLER, JOHN F 3110 OLD SHELL RD MOBILE, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHODES, DON 3110 OLD SHELL RD MOBILE, AL 36670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOKELY, DON 3110 OLD SHELL RD MOBILE, AL 36670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000181441
01/14/05-80046-024 153.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #