


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 036 ***158.75

DOCUMENT # 849281 1. Entity Name BACHELOR'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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0804560	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	V NOBLES, STEWART 3110 OLD SHELL RD MOBILE, AL 36670	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rhodes, Don 3110 Old Shell Rd. mobile, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUE, WILLIAM R 3110 OLD SHELL RD MOBILE, AL 36607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nobles, Stewart 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	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stokely, Don 3110 Old Shell Rd. mobile, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOKELY, DON 3110 OLD SHELL RD MOBILE, AL 36670	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Day/Time Phone #	