


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 850547	
1. Entity Name STASCO MECHANICAL CONTRACTORS, INC.	

Principal Place of Business 1391 COBB PARKWAY NORTH MARIETTA, GA 30062	Mailing Address 1391 COBB PARKWAY NORTH MARIETTA, GA 30062
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1181204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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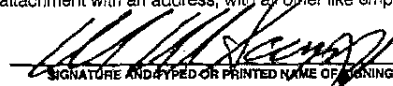
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOGIN, MARY ANN 1391 COBB PARKWAY NORTH MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCOGIN JR, WM W 1391 COBB PARKWAY NORTH MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HENDRIX, P D 1391 COBB PARKWAY NORTH MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EARDLEY, WES H 1391 COBB PARKWAY N MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/12/05-80028-021 150.00

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:  **William W. Scogin, Jr., President** 1/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #