

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2006 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**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1181204

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**

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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, 2006 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
**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

1100000421037
02/16/06-80021-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature and typed or printed name of signing officer or director

President

Date

2/1/06 770-422-7118

Daytime Phone #