

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2007 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	

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02/09/07-80031-024 150.00

**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

William W. Scogin, Jr., Pres. 2/1/07 770-422-7118

Date

Daytime Phone #