

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90002 029 \*\*\*150.00

**DOCUMENT # F00000000905**

1. Entity Name  
**METRO MECHANICAL, INC.**



Principal Place of Business  
**1835 INDUSTRIAL DRIVE  
BOLTON, MS 39041**

Mailing Address  
**P.O. BOX 368  
BOLTON, MS 39041**

**54062122**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number **64-0839417** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIFLETT, BRET  
717 RIDGE RD  
PENSACOLA, FL 32514**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P WHITE, FRANK B**  
STREET ADDRESS **121 PINEVIEW DR**  
CITY-ST-ZIP **RAYMOND, MS 39157**

TITLE ☐ Delete  
NAME **V WHITE, RICHARD T**  
STREET ADDRESS **141 LONGWOOD**  
CITY-ST-ZIP **CLINTON, MS 39056**

TITLE ☐ Delete  
NAME **S WHITE, DONNA G**  
STREET ADDRESS **121 PINEVIEW DR**  
CITY-ST-ZIP **RAYMOND, MS 39157**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **130 Pineview Dr**  
CITY-ST-ZIP **Raymond, MS 39157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard T. White* *Richard T. White*

*7/9/04*

*601-866-9050*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #