

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005786

FILED
Mar 02, 2004
Secretary of State

Entity Name: MATRIX MECHANICAL SERVICES, INC.

Current Principal Place of Business:

11 MAIN STREET
P.O. BOX 429
SLATERSVILLE, RI 02876

New Principal Place of Business:

59 DAVIS DR
PASCOAG, RI 02859

Current Mailing Address:

11 MAIN STREET
P.O. BOX 429
SLATERSVILLE, RI 02876

New Mailing Address:

PO BOX 32
PASCOAG, RI 02859

FEI Number: 05-0518106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: JARRY, DAVID
Address: 507 MENDON ROAD
City-St-Zip: NORTH SMITHFIELD, RI 02896

Title: WV () Delete
Name: AHERN, RICHARD
Address: 276 SPRING STREETE
City-St-Zip: ROCKVILLE, RI 02873

Title: STD () Delete
Name: MOORE, RONALD JR.
Address: 21 SCHOOL STREET
City-St-Zip: WARNERSVILLE, NH 03276

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KENNEDY, JOHN J JR
Address: 50 PILGRIM DR.
City-St-Zip: LITCHFIELD, NH 03052

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. JARRY

CP

03/02/2004

Electronic Signature of Signing Officer or Director

_____ Date