2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006444

COMBINED MECHANICAL CONTRACTORS, INC.



Principal Place of Business Mailing Address

6647 OAKRIDGE COMMERCE WAY AUSTELL, GA 30168

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FILED Sep 09, 2008 08:00 AM Secretary of State



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07072008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 75-2094418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SIMPSON, JAMES J 10435 MIDTOWN PKWY

JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for tribbligations of registered agent.	e purpose or changin	g its registered offi	ce or ri	egistered agent, or bo	ith, in the State of Florida	I am familiar with, and ac	cept
SIGNAT	URE							_
	Signature, typed or printed name of registered agent and	;itle if applicable	(NOTE Registered Agent	signature	required when reinstating)		DATE	
	FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		mpaign Financing Contribution		\$5.00 May Be Added to Fees		s. 607.193(2)(b), F.S., t receive the prior notice.	
10.	OFFICERS AND DIF	RECTORS					e ver	*55,
TITLE	Р		1.0	1. 10				

GRANBERRY, DONALD P NAME STREET ADDRESS 6647 OAK RIDGE COMMERCE WAY CITY-ST-ZIP AUSTELL, GA 30168 IIILE NAME GRANBERRY, MARGIE A STREET ADDRESS 9072 KETTLE OVERLOOK CITY-ST-ZIP VILLA RICA, GA 30180 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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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 1 further certify that the information indicated on this report or suppliemental 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.

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NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP