2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# F07000003509

Entity Name: CONSOLIDATED MECHANICAL, INC.

Current Principal Place of Business:

3110 FAIRVIEW DR.
OWENSBORO, KY 423032175 US

New Principal Place of Business:

Current Mailing Address:

3110 FAIRVIEW DR.
OWENSBORO, KY 423032175

New Mailing Address:

3110 FAIRVIEW DR.
OWENSBORO, KY 423032175 US

FEI Number: 61-1061916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, JANICE
18 LAKE VISTA TRAIL, APT. 206
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

RICHARDS, JANICE
18 LAKE VISTA TRAIL
APT 206
PORT ST. LUCIE, FL 34952 US

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: 03/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPS ( ) Delete
Name: KOGER, DONNA L.
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: VCVP ( ) Delete
Name: KOGER, MICHAEL W.
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: D ( ) Delete
Name: ALEXANDER, HOLLY K.
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: T ( ) Delete
Name: ALTMAN, PHILLIP O.
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change ( ) Addition
Name: KOGER, DONNA L
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: VCVP (X) Change ( ) Addition
Name: KOGER, MICHAEL W
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: D (X) Change ( ) Addition
Name: ALEXANDER, HOLLY K
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

Title: T (X) Change ( ) Addition
Name: ALTMAN, PHILLIP O
Address: 3110 FAIRVIEW DR.
City-St-Zip: OWENSBORO, KY 423032175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILLIP O. ALTMAN TREA 03/20/2009
Electronic Signature of Signing Officer or Director — Date