


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90769 035 ***150.00

DOCUMENT # F92413					
1. Entity Name DIVERSIFIED MECHANICAL SYSTEMS & SHEETMETAL, INC.					
Principal Place of Business 1801 NW 38TH AVE # E LAUDERHILL, FL 33311			Mailing Address 1801 NW 38TH AVE # E LAUDERHILL, FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2213427	
				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				7. Name and Address of New Registered Agent	
SCHULER, DENISE M 4412 NW 63 DRIVE COCONUT CREEK FL 33073				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				1801 NW 38 Ave #E	
				City Lauderhill	FL Zip Code 33311
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
PS	SCHULER, BETTE	1801 NW 38TH AVE #E			
CITY-ST-ZIP	LAUDERHILL, FL 00000 33311		CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
VT	SCHULER, DOUGLAS	1801 NW 38TH AVE #E			
CITY-ST-ZIP	LAUDERHILL, FL 00000 33311		CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP			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: <u>Bette Schuler / Bette Schuler</u>			Date: <u>4-20-04</u> 954-484-3162		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		