


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2213427	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHULER, DENISE M
1801 NW 38 AVE #E
LAUDERHILL, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SCHULER, BETTE 1801 NW 38TH AVE E LAUDERHILL, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHULER, DOUGLAS 1801 NW 38TH AVE E LAUDERHILL, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/11/08-80010-019 150.00

**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. 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: *Douglas Schuler* **Douglas Schuler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 954.484.3162

Date

Daytime Phone #