## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # F95000001516

1. Entity Name

THERMAL ENGINEERING CONSTRUCTION SERVICES



Principal Place of Business

Mailing Address

550B BROOKSHIRE ROAD GREER, SC 29651 US 550B BROOKSHIRE ROAD GREER, SC 29651

FILED May 13, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1016262

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

SIGNATURE					0000000366625 05/13/05-80012-014 158.75
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent)				required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAUGHTON, DALE 550 B BROOKSHIRE ROAD GREER, SC 29651				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZWOLAK, JOHN 550B BROOKSHIRE ROAD GREER, SC 29651				
TITLE NAME STREET ADDRESS	VP LEEMAN, SCOTT				

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

DO NOT WRITE CITY-ST-ZIP GREER, SC 29651 IN THIS SPACE TITLE NAME BRANTL, JAMES STREET ADDRESS **5 NEPONSET STREET** CLTY-ST-ZIP WORCESTER, MA 01606 TITLE VPAT NAME BRARDANO, ANTHONY A STREET ADDRESS 82 CAMBRIDGE STREET CITY-ST-ZIP BURLINGTON, MA 01803 TITLE NAME STREET ADDRESS 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 attackme ith an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #