


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90003 012 ***150.00

DOCUMENT # F95000001530 1. Entity Name MEC CONSTRUCTORS INC.					
Principal Place of Business C/O EMCOR GROUP INC 301 MERRITT SEVEN 6TH FLOOR NORWALK, CT 06851			Mailing Address C/O EMCOR GROUP INC 301 MERRITT SEVEN 6TH FLOOR NORWALK, CT 06851		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3597205	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATZ, R. KEVIN <input type="checkbox"/> Delete 101 MERRITT SEVEN NORWALK, CT 06851		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition R. Kevin Matz 301 Merritt Seven Norwalk, CT 06851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVY, JEFFREY M <input type="checkbox"/> Delete 101 MERRITT SEVEN NORWALK, CT 06851		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey M. Levy 301 Merritt Seven Norwalk, CT 06851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ALL, BOB <input type="checkbox"/> Delete 1420 SPRING HILL RD. MCLEAN, VA 22102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec./Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bob All 1420 Spring Hill Road McLean, VA 22102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/26/04 Daytime Phone # 203-849-7800		