

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 013 ***158.75

DOCUMENT # F97000006800					
1. Entity Name DHR MECHANICAL SERVICES-GEORGIA, INC.					
Principal Place of Business 105 HOPE ST., STE. 1016 LONGWOOD, FL 32750 US			Mailing Address 105 HOPE ST., STE. 1016 LONGWOOD, FL 32750 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONLEY, CHARLES E 150 HOPE ST STE 1016 LONGWOOD, FL 32750				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONLEY, CHARLES E		NAME		
STREET ADDRESS	150 HOPE ST STE 1016		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, WARNER		NAME		
STREET ADDRESS	150 HOPE ST STE 1016		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RON		NAME		
STREET ADDRESS	7083 MAIN ST STE 400		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, GA 30188		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONLEY, KELLEY		NAME		
STREET ADDRESS	150 HOPE ST STE 1016		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSLIN, THOMAS ALLAN III		NAME		
STREET ADDRESS	150 HOPE ST. SUITE 1016		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Eric Conley</i>			Date: <i>2/20/07</i>		Daytime Phone #: <i>407-260-8340</i>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

400000



02142007 Chg-P CR2E034 (12/06)

4. FEI Number **58-2353304** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FL