2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F98000003530 03-11-2005 90319 023 ***150.00 1. Entity Name CENTRAL MECHANICAL, INC. Principal Place of Business Mailing Address nnnegtty 2826 MINE & MINERAL ROAD 2826 MINE & MINERAL ROAD LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chg-P .CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 74-2880216 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VPAS** TITLE Delete TITLE ☐ Change ☐ Addition GEORGE, WILLIAM NAME NAME 777 POST OAK BLVD., STE. 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BEITTENMILLER, J. G. NAME NAME 777 POST OAK BLVD., STE. 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HONEYCUTT, MILBURN NAME NAME STREET ADDRESS 777 POST OAK BLVD., STE. 500 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP TITLE ☐ Delete _ TITLE ☐ Change ☐ Addition NAME GRAMMER, JENNIFER A 799 BENNETT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition NAME SANCHEZ, MICHAEL NAME STREET ADDRESS 777 POST OAK BLVD., STE. 500 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP Р ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, JOHN NAME NAME STREET ADDRESS 794 BRIGETT DR STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 impowered 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 ad with all other ke empowered

NE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Mar 11, 2005 8:00 am