

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H04411

1. Entity Name
NORMAX MECHANICAL, INC.



Principal Place of Business
**C/O CLINTON O. WEBSTER
1150 ELBOC WAY
WINTER GARDEN, FL 34787**

Mailing Address
**C/O CLINTON O. WEBSTER
1150 ELBOC WAY
WINTER GARDEN, FL 34787**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2434416** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHALIN, LAWRENCE J.
STE 600, LANDMARK TWO CENTER
225 E ROBINSON ST.
ORLANDO, FL 32801**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **NEFF, ERNEST D. JR.**
STREET ADDRESS **1150 ELBOC WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **CEOD**
NAME **WEBSTER, CLINTON O.**
STREET ADDRESS **1150 ELBOC WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **SD**
NAME **WEBSTER, MARY P.**
STREET ADDRESS **1150 ELBOC WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **VPD**
NAME **GUSTAVSON, STEVEN C**
STREET ADDRESS **1150 ELBOC WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **TD**
NAME **BAKER, THOMAS J**
STREET ADDRESS **1150 ELBOC WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000512101
05/01/06-80075-011 150.00

**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: *Ernest Neff* **ERNEST NEFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 **407-656-8222**
Date Daytime Phone #