

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04411

FILED
Feb 12, 2008
Secretary of State

Entity Name: NORMAX MECHANICAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2434416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEFF, ERNEST D. JR.,
Address: 1150 ELBOC WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: CEOD () Delete
Name: WEBSTER, CLINTON O.,
Address: 1150 ELBOC WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: WEBSTER, MARY P.,
Address: 1150 ELBOC WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: GUSTAVSON, STEVEN C
Address: 1150 ELBOC WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: BAKER, THOMAS J
Address: 1150 ELBOC WAY
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST D. NEFF

PD

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date