

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90072 030 \*\*\*150.00



**DOCUMENT # H09273**

1. Entity Name

ELECTRO-MECHANICAL SERVICES, INC.

Principal Place of Business

\*1375 CLEARLAKE ROAD  
P.O. BOX 3482 (32924-3482)  
COCOA FL 32922

Mailing Address

\*P.O. BOX 236096  
~~COCOA FL 32922~~

2. Principal Place of Business

1375 CLEARLAKE RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

City & State

COCOA, FL

4. FEI Number

59-2422265

Applied For

Not Applicable

Zip

32922

Country

Zip

32923-6096

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

\* KERWOOD, LARRY G.  
9 KNOLLWOOD DRIVE  
ROCKLEDGE FL 32955

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

\* PLACE OF BUSINESS  
(ADDRESS CHANGE ONLY) 1/27/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ DP  
NAME KERWOOD, LARRY G  
STREET ADDRESS 9 KNOLLWOOD DRIVE  
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

TITLE ☒ ST  
NAME KERWOOD, LINDA F  
STREET ADDRESS 9 KNOLLWOOD DRIVE  
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

TITLE ☐   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE ☐   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE ☐   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE ☐   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 321-639-0500

Date

Daytime Phone #