

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J05337

1. Entity Name
WARNER MECHANICAL CONTRACTORS, INC.



Principal Place of Business
**126 AZALEA DRIVE
DESTIN, FL 32541 US**

Mailing Address
**P. O. BOX 1205
DESTIN, FL 32540 US**



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2651238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARNER, JOHN C & AUDREY
3818 INDIAN TRAIL
DESTIN, FL 32541**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000127894
04/26/04-30015-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	WARNER, AUDREY A
STREET ADDRESS	3818 INDIAN TR.
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	PD
NAME	WARNER, JOHN C.
STREET ADDRESS	740 INDIAN TRAIL
CITY - ST - ZIP	DESTIN, FL
TITLE	ST
NAME	WARNER, AUDREY A
STREET ADDRESS	3818 INDIAN TRAIL
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Audrey Warner Audrey Warner

4-14-04

850-837-7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #