

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33527

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: J.M.A. MECHANICAL, INC.

## Current Principal Place of Business:

2371 S.W. 79TH DRIVE  
GAINESVILLE, FL 32607 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 140010  
GAINESVILLE, FL 32614 US

## New Mailing Address:

FEI Number: 59-2727123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANDERSON, JOHN M  
2371 SW 79TH DR.  
GAINESVILLE, FL 32607 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: DV ( ) Delete  
Name: TERRELL, TERRY L  
Address: 8810 NW 266TH STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PD ( ) Delete  
Name: ANDERSON, JOHN,  
Address: 2371 SW. 79TH DR.  
City-St-Zip: GAINESVILLE, FL 32607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TERRY L. TERRELL

DV

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date