2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE 1132005 No Crity-P CR26034 (10/03) 1. FEI Number 59-2777536	DOCUMENT # J56543 1. Entity Name BEST MECHANICAL, INC.	Secretary of State
DO NOT WRITE IN THIS SPACE 1. FE Number 59-277756 Applied For 59-277756 No. Applied For 59-27756 No. Applied	3323 55 AVE N 3323 55 AVE N	714 US
RICHTER, NORBERT C JR 3323 55 AVE N ST PETERSBURG, FL 33714 8. The above named entity submits his 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 ubligations of registered anent of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE After May 1, 2005 Fee will be \$\$50.00 After May 1, 2005 Fee will be \$\$50.00 After May 1, 2005 Fee will be \$\$50.00 OFFICERS AND DIRECTORS INC. OFFICERS AND DIRECTORS INC. SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES SIGNAT ROBIES SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES SIGNAT ROBIES SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES SIGNAT ROBIES SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES SIGNAT ROBIES SIGNAT ROBIES SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES TO ST-2P RICHTER, NORBERT C JR SIGNAT ROBIES SIGNAT ROBIE		O1132005 No Chg-P CR2E034 (10/03) 4. FEI Number
ST PETERSBURG, FL 33714 (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. SICNATURE Committee, special or protect name of registered agent. OATE		
THE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$50.00 OFFICERS AND DIRECTORS TILE PROMITE FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$50.00 OFFICERS AND DIRECTORS TO STPETERSBURG, FL 33714 THE NAME SIRET ADDRESS CITY 57-2P THE THE THE THE THE THE THE TH	3323 55 AVE N	<u>,</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 I.O. OFFICERS AND DIRECTORS III.E NORTHER, NORBERT C JR STIRET MODESS STRET ADDRESS CITY ST - 2P III.E NAME SIRET ADDRESS CITY ST - 2P III.E NA	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.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME NAME RICHTER, NORBERT C JR STRETADRESS 3223 55 AVE N STRETADRESS 3223 55 AVE N STRETADRESS 3223 55 AVE N STRETADRESS CITY-ST-2P ST PETERSBURG, FL 33714 TILE NAME NAME SIRETADRESS CITY-ST-2P ITILE NAME NAME SIRETADRESS CITY-ST-2P ITILE NAME SIRETADRESS CITY-ST-2P IT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Regi	legistered Agent signature required when reinstating) DATE
TITLE INVALE STREET ADDRESS CITY-ST-2P TITLE INTLE INTLE ST NOVE CITY-ST-2P ST PETERSBURG, FL 33714 INTLE NAME STREET ADDRESS CITY-ST-2P INTLE INTRE INTLE INTR	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribution	ution. Added to Fees
TITLE NAME SIREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. It hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information in the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information in the information is true and accurate and that my simplify shall have the same legal effect as if made under call, that I am an officer or director.	NAME RICHTER, NORBERT C JR STREET ADDRESS CITY ST-ZIP ST PETERSBURG, FL 33714 TITLE ST NAME RICHTER, DAWN S STREET ADDRESS CITY ST-ZIP ST PETERSBURG, FL 33714 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 12. I hereby certify that the information supplied with this filling does not qualify for the information supplied with the information supplied with the information supplied with the information supplied with the	the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath, that I am an officer or director.