
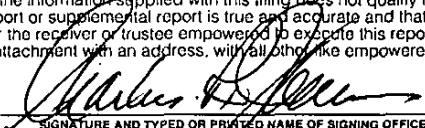


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90037 015 \*\*\*150.00

<b>DOCUMENT # K51900</b> 1. Entity Name <b>C &amp; M MECHANICAL, INC.</b>			
Principal Place of Business <b>9720 PINES BLVD</b> <b>PEMBROKE PINES, FL 33024</b>		Mailing Address <b>9720 PINES BLVD</b> <b>PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business <b>205 WIMICO DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>205 WIMICO DRIVE</b> Suite, Apt. #, etc.	
City & State <b>INDIAN HARBOUR BEACH, FL</b>		City & State <b>INDIAN HARBOUR BEACH, FL</b>	
Zip <b>32937</b>	Country <b>USA</b>	Zip <b>32937</b>	Country <b>USA</b>
4. FEI Number <b>65-0086924</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, CHARLES R.</b> <b>205 WIMICO DRIVE</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>JONES, CHARLES R.</b> STREET ADDRESS <b>205 WIMICO DRIVE</b> CITY-ST-ZIP <b>INDIAN HARBOUR BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ST</b> NAME <b>JONES, MARLENE B</b> STREET ADDRESS <b>205 WIMICO DRIVE</b> CITY-ST-ZIP <b>INDIAN HARBOUR BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>03/23/05</b> Daytime Phone # <b>321-773-4101</b>	