


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 041 ***158.75

DOCUMENT # L01689 1. Entity Name BENTZEL MECHANICAL, INC.	
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Principal Place of Business 2880 SCHERER DR SUITE 860 ST PETERSBURG, FL 33716	Mailing Address 2880 SCHERER DR SUITE 860 ST PETERSBURG, FL 33716
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94044110



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957793	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BENTZEL, THOMAS E.
1011 DUNCAN AVENUE SOUTH
CLEARWATER, FL 33756

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

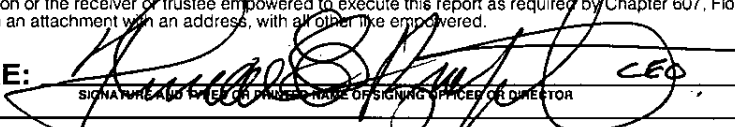
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	DC BENTZEL, THOMAS E.
STREET ADDRESS CITY-ST-ZIP	1011 DUNCAN AVENUE SOUTH CLEARWATER, FL
TITLE NAME	VT PEREGOY, DOUGLAS L.
STREET ADDRESS CITY-ST-ZIP	2839 POPLAR STREET SARASOTA, FL
TITLE NAME	P BENTZEL, ROBERT T.
STREET ADDRESS CITY-ST-ZIP	891 HARBOR HILL DR SAFETY HARBOR, FL
TITLE NAME	S BARRETT, JANET
STREET ADDRESS CITY-ST-ZIP	513 OAKWOOD BLVD OLDSMAR, FL 34677
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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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:  **CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/6/04 Daytime Phone #: 727 572-7767