


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 023 ***150.00

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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20044628



04112005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	DC BENTZEL, THOMAS E. 1011 DUNCAN AVENUE SOUTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PEREGOY, DOUGLAS L. 2839 POPLAR STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENTZEL, ROBERT T. 891 HARBOR HILL DR SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, JANET 513 OAKWOOD BLVD OLDSMAR, FL 34677
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:  Secretary Date: 4/11/05 Daytime Phone #: 7275727769