


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L01689
 1. Entity Name
 BENTZEL MECHANICAL, INC.



Principal Place of Business Mailing Address
 2880 SCHERER DR SUITE 860 2880 SCHERER DR SUITE 860
 ST PETERSBURG, FL 33716 ST PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2957793 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BENTZEL, THOMAS E.
 1011 DUNCAN AVENUE 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BENTZEL, THOMAS E.
STREET ADDRESS	1011 DUNCAN AVENUE SOUTH
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VT
NAME	PEREQOY, DOUGLAS L.
STREET ADDRESS	2839 POPLAR STREET
CITY-ST-ZIP	SARASOTA, FL
CIRCLE	P
NAME	BENTZEL, ROBERT T.
STREET ADDRESS	891 HARBOR HILL DR
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	S
NAME	BARRETT, JANET
STREET ADDRESS	613 OAKWOOD BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/01/06-80051-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] Secretary Date: 4/17/06 Daytime Phone #: 727 572 7767