

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01689

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** BENTZEL MECHANICAL, INC.

**Current Principal Place of Business:**

2880 SCHERER DR SUITE 860  
ST PETERSBURG, FL 33716

**New Principal Place of Business:**

2880 SCHERER DR N  
SUITE 860  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

2880 SCHERER DR SUITE 860  
ST PETERSBURG, FL 33716

**New Mailing Address:**

2880 SCHERER DR N  
SUITE 860  
ST PETERSBURG, FL 33716

**FEI Number:** 59-2957793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: BENTZEL, THOMAS E.  
Address: 1011 DUNCAN AVENUE SOUTH  
City-St-Zip: CLEARWATER, FL

Title: VT  
Name: PEREGOY, DOUGLAS L.  
Address: 2839 POPLAR STREET  
City-St-Zip: SARASOTA, FL

Title: P  
Name: BENTZEL, ROBERT T.  
Address: 891 HARBOR HILL DR  
City-St-Zip: SAFETY HARBOR, FL

Title: S  
Name: BARRETT, JANET  
Address: 513 OAKWOOD BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET BARRETT

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04/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date