

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L86969

**FILED**  
**Aug 17, 2009**  
**Secretary of State****Entity Name:** MULTI-SERVICE MECHANICAL CONTRACTING, INC.**Current Principal Place of Business:**3425 N. PEARL ST  
JACKSONVILLE, FL 32206 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 24991  
JACKSONVILLE, FL 32241 US**New Mailing Address:****FEI Number:** 59-3020562**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SUFI, BILAL  
228 IVY LAKES DR  
JACKSONVILLE, FL 32259 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**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** SUFI, BILAL  
**Address:** 228 IVY LAKES DR  
**City-St-Zip:** JACKSONVILLE, FL 32259**Title:** VP ( ) Delete  
**Name:** SUFI, ARVA ADMIN.  
**Address:** 228 IVY LAKES DR.  
**City-St-Zip:** JACKSONVILLE, FL 32259**Title:** VP ( ) Delete  
**Name:** MOBLEY, ROYCE MGR.  
**Address:** 108 IVY LAKES DR.  
**City-St-Zip:** JACKSONVILLE, FLORIDA, FL 32259**Title:** VP ( ) Delete  
**Name:** DEERING, LARRY C V.P/OPS  
**Address:** 907 SANDOWN-CREST  
**City-St-Zip:** CHESAPEAKE, VA 23323**Title:** PRES ( ) Delete  
**Name:** SUFI, BILAL  
**Address:** 228 IVY LAKES DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32259**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** PRINCE, JOESPH ADMIN.  
**Address:** 7539 HAWKINSVILLE RD.  
**City-St-Zip:** MACON, GA 31205**Title:** VP (X) Change ( ) Addition  
**Name:** CAMPBELL, ERIC MGR.  
**Address:** 300 WEST ADAMS STREET S-550  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:** VP (X) Change ( ) Addition  
**Name:** STOKELING, STEVE C V.P/OPS  
**Address:** 300 WEST ADAMS STREET S-550  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:** OPS. (X) Change ( ) Addition  
**Name:** HEENAN, TERRENCE OPS.  
**Address:** 300 WEST ADAMS STREET S-550  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:** PRES ( ) Change (X) Addition  
**Name:** SUFI, BILAL  
**Address:** 300 WEST ADAMS STREET S-550  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** BILAL SUFI

PRES

08/17/2009

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