

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L86969

FILED
Sep 25, 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: PRINCE, JOESPH ADMIN.
Address: 7539 HAWKINSVILLE RD.
City-St-Zip: MACON, GA 31205

Title: VP () Delete
Name: CAMPBELL, ERIC MGR.
Address: 300 WEST ADAMS STREET S-550
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: STOKELING, STEVE C V.P/OPS
Address: 300 WEST ADAMS STREET S-550
City-St-Zip: JACKSONVILLE, FL 32202

Title: OPS. (X) Delete
Name: HEENAN, TERRENCE OPS.
Address: 300 WEST ADAMS STREET S-550
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRES () Delete
Name: SUFI, BILAL
Address: 300 WEST ADAMS STREET S-550
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SUFI, ARVA MGR.
Address: 228 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

09/25/2009

Electronic Signature of Signing Officer or Director

Date