

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90348 036 \*\*\*\*50.00

**DOCUMENT # M03000001340**

1. Entity Name  
W-S MECHANICAL GROUP, LLC



Principal Place of Business

13667 192 STREET  
COUNCIL BLUFFS, IA 51503

Mailing Address

13667 192 STREET  
COUNCIL BLUFFS, IA 51503

24050400



02172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
73-1623595

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WIESE, JOHN B  
STREET ADDRESS 13667 192ND STREET  
CITY-ST-ZIP COUNCIL BLUFFS, IA 51503

TITLE MGR  
NAME ROANE, DARRELL  
STREET ADDRESS 13667 192ND STREET  
CITY-ST-ZIP COUNCIL BLUFFS, IA 51503

TITLE MGR  
NAME LYNN, FRANK  
STREET ADDRESS 8421 SW 8TH STREET  
CITY-ST-ZIP OKLAHOMA CITY, OK 731284214

TITLE MGR  
NAME FIELDER, MARK  
STREET ADDRESS 8421 SW 8TH STREET  
CITY-ST-ZIP OKLAHOMA CITY, OK 731284214

TITLE MGR  
NAME waters, Darrell  
STREET ADDRESS 8421 SW 8th Street  
CITY-ST-ZIP Oklahoma City, OK 731284214

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-18-04

Date

712 366 8886

Daytime Phone #