

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73235

FILED
Jan 06, 2009
Secretary of State

Entity Name: MMI MECHANICAL CONTRACTORS, INC.

Current Principal Place of Business:

4904 W. SPENCER FIELD RD
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4904 W. SPENCER FIELD RD
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-2884318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEVIT, KELLY O
15 WEST MAIN STREET
PENSACOLA, FL 32501 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: DST () Delete
Name: MAYNE, WILLIAM L.,
Address: 1111 CARTER DRIVE
City-St-Zip: PENSACOLA, FL

Title: DC () Delete
Name: MAYNE, TERESA O.,
Address: 1111 CARTER DRIVE
City-St-Zip: PENSACOLA, FL

Title: DP () Delete
Name: MAYNE, WILLIAM L JR.
Address: 7399 SAN RAMON DR.
City-St-Zip: MILTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MAYNE, WILLIAM L.,
Address: 1111 CARTER DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: DC (X) Change () Addition
Name: MAYNE, TERESA O.,
Address: 1111 CARTER DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: DP (X) Change () Addition
Name: MAYNE, WILLIAM L JR.
Address: 7399 SAN RAMON DR.
City-St-Zip: MILTON, FL 32583

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: WILLIAM L. MAYNE

DST

01/06/2009

Electronic Signature of Signing Officer or Director

Date