## **2004 FOR PROFIT CORPORATION**ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P00000013398** INTEGRITY MECHANICAL SERVICE, INC. Principal Place of Business Mailing Address 7319 TEXAS TRAIL 7319 TEXAS TRAIL BOCA RATON, FL 33487 BOCA RATON, FL 33487 CR2E034 (10/03) No Chg-P 04212004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0976400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNHAM, GLENN DO NOT WRITE 7319 TEXAS TRAIL BOCA RATON, FL 33487 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 U00000130099 04/26/04-80103-020 158.75 OFFICERS AND DIRECTORS 10. TITLE DUNHAM, GLENN NAME 7319 TEXAS TRL STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an activess, with all other like empowered.

**SIGNATURE:** 

NAME
STREET ADDRESS
CITY+ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21,04 (561)997796.

FILED