

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090479

FILED
Jan 30, 2006
Secretary of State

Entity Name: MECHANICAL INDUSTRIAL MAINTENANCE, INC.

Current Principal Place of Business:

4445 E. 10TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75241
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-3680653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, CARL
4141 SPRING WAY CIRCLE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

ADKINS, CARL
PO BOX 75241
TAMPA, FL 33675 US

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: CARL ADKINS

01/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, CARL
Address: 4141 SPRING WAY CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Delete
Name: ADKINS, KATHY
Address: 4141 SPRING WAY CIRCLE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, CARL
Address: PO BOX 75241
City-St-Zip: TAMPA, FL 33675

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL ADKINS

P

01/30/2006

Electronic Signature of Signing Officer or Director

Date