

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 020 ***150.00

DOCUMENT # P00000107425

1. Entity Name

MECHANICAL SERVICES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**433 SUNSET DR
ENGLEWOOD FL 34223**

Mailing Address

**433 SUNSET DR
ENGLEWOOD FL 34223**

2. Principal Place of Business

1680 FAUST DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 279

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD, FL

4. FEI Number

65-1075742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **34224** Country **CHARLOTTE**

Zip **34295** Country **SARASOTA**

6. Name and Address of Current Registered Agent

**WALLICE, LYLE
433 SUNSET DR
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1680 FAUST DR.

City

ENGLEWOOD

FL

Zip Code

34224

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

L. Wallace

PRESIDENT

01-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **WALLICE, LYLE**
STREET ADDRESS **433 SUNSET DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. Wallace

PRESIDENT

01-29-04 (941) 425-1901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #