

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000031732

1. Entity Name
W.W. GAY MECHANICAL SERVICES, INC.



Principal Place of Business
**526 STOCKTON STREET
JACKSONVILLE, FL 33204**

Mailing Address
**526 STOCKTON STREET
JACKSONVILLE, FL 33204**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3709348** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLBROOK, H LEON
ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HOUSER, FRANK C
STREET ADDRESS 526 STOCKTON STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE DST
NAME PAINTER, ROGER W
STREET ADDRESS 526 STOCKTON STREET
CITY-ST-ZIP JACKSONVILLE, FL 33204

TITLE DV
NAME GAY, J WILLIAM
STREET ADDRESS 526 STOCKTON STREET
CITY-ST-ZIP JACKSONVILLE, FL 33204

TITLE V
NAME GAY, WILLIAM W
STREET ADDRESS 526 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000528642
05/05/06-80045-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 904-394-7924
Date Daytime Phone #