


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000031732</b> 1. Entity Name <b>W.W. GAY MECHANICAL SERVICES, INC.</b>	
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Principal Place of Business <b>526 STOCKTON STREET JACKSONVILLE, FL 33204</b>	Mailing Address <b>526 STOCKTON STREET JACKSONVILLE, FL 33204</b>
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**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3709348</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)

U000000774008  
09/14/07-89002-017 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOUSER, FRANK C 526 STOCKTON STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAINTER, ROGER W 526 STOCKTON STREET JACKSONVILLE, FL 33204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAY, J WILLIAM 526 STOCKTON STREET JACKSONVILLE, FL 33204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAY, WILLIAM W 526 STOCKTON ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Roger W Painter **9/13/07 (904)394-7924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #