

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000049870

1. Entity Name
SOUTHLAND MECHANICAL, INC.



Principal Place of Business
65 SW 3RD AVENUE
DANIA, FL 33004 US

Mailing Address
65 SW 3RD AVENUE
DANIA, FL 33004 US

FILED

04 JAN 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0699412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'ROURKE, WILLIAM
3151 SW 136 AVENUE
DAVIE, FL 33330

Name

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

City

FL

Zip Code

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 *William O'Rourke*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400028004114
02/02/04--01031--017 **158.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME O'ROURKE, WILLIAM
STREET ADDRESS 3816 SW 30 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33312

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 65 SW 3rd Ave
CITY-ST-ZIP DANIA, FLORIDA 33004

TITLE ST ☐ Delete
NAME O'ROURKE, JAMES
STREET ADDRESS 3816 SW 30 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33312

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 65 SW 3rd Ave
CITY-ST-ZIP DANIA, FLORIDA

TITLE VP ☐ Delete
NAME VICTOR CONCEPCION
STREET ADDRESS 65 SW 3rd Ave
CITY-ST-ZIP DANIA, FLORIDA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William O'Rourke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04