

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019729

FILED
Jul 06, 2007
Secretary of State

Entity Name: SOUTHEAST MECHANICAL SYSTEMS, INC.

Current Principal Place of Business:

2045 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

710 HAINES STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

2045 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Mailing Address:

710 HAINES STREET
JACKSONVILLE, FL 32202

FEI Number: 05-0554916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, SHARON
1340 TRAILWOOD DRIVE
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PORTER, SHARON R
Address: 1340 TRAILWOOD DR
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: PORTER, MICHAEL
Address: 1340 TRAILWOOD DRIVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S () Delete
Name: PORTER, SHARON
Address: 1340 TRAILWOOD DRIVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P () Change (X) Addition
Name: PORTER, MICHAEL T
Address: 1340 TRAILWOOD DRIVE
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify 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: SHARON R PORTER

VP

07/06/2007

Electronic Signature of Signing Officer or Director

_____ Date