

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019729

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** SOUTHEAST MECHANICAL SYSTEMS, INC.

**Current Principal Place of Business:**

710 HAINES STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

710 HAINES STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON PORTER

VP

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date