

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90362 046 \*\*\*150.00

**DOCUMENT # P03000078888**

1. Entity Name  
**CORPORATE MECHANICAL SERVICES, INC.**



Principal Place of Business

**1106 10TH STREET  
SUITE A  
ST. CLOUD, FL 34769**

Mailing Address

**717 EAST OAK STREET  
KISSIMMEE, FL 34744**

2. Principal Place of Business

**4339 Neptune Road**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



03022006

Chg-P

CR2E034 (11/05)

City & State

**St. Cloud, FL**

City & State

Zip

**34769**

Country  
**US**

Country

4. FEI Number

**20-0094413**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MONTE, ANDRES  
6050 PEREGRINE AVE  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

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

**4339 Neptune Road**

City  
**St. Cloud**

**FL**

Zip Code  
**34769**

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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME	PSTD MONTE, ANDRES	<input type="checkbox"/> Delete
STREET ADDRESS	6050 PEREGRINE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE NAME	D FREEMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1010 PENNSYLVANIA AVE.	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE NAME	D FREEMAN, ELIZA	<input type="checkbox"/> Delete
STREET ADDRESS	1010 PENNSYLVANIA AVE.	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14237 Hampshire Bay Circle
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1144 Monroe Avenue
CITY-ST-ZIP	St. Cloud, FL 34769
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2826 Osprey Cove Place Apt 103
CITY-ST-ZIP	Kissimmee, FL 34746
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

3/29/06

800 510-9854