2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 11, 2007 08:00 A Secretary of State DOCUMENT # P03000095110 1. Entity Name R & R MECHANICAL SERVICES, INC. Principal Place of Business Mailing Address 234 NE 6TH AVENUE 234 NE 6TH AVENUE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, atc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 56-2392337 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROUSE, RICHARD R 234 NE 6TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** Zip Code 8. The above named onlity 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 it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Defete HILL ☐ Addition ROUSE, RICHARD R NAME NAM 234 NE 6TH AVENUE STREET ADDRESS STREET ADDRESS U00000699865 **BOYNTON BEACH FL 33435** CHY-S1-7IP CHY-ST-7IP 04/19/07-80060-015 150.00 THE. Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP د ير د الله . . Dololo 900 □-Change - □ Addition NAME NAMC. STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-74P THLE Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THILE ☐ Delete THE Change Addition | NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete Addition TILLE Change NAME NAMI STRULT ADDRESS STREET LADDRESS CHY-ST-ZIP CITY-ST-ZIP

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 ompowered SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SI-738-5172