

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90079 013 \*\*\*558.75

DOCUMENT # P03000111650

1. Entity Name  
**EDDIE'S MECHANICAL INC.**



Principal Place of Business  
**111 SHELL AVE SE  
FT WALTON BEACH, FL 32548-5540**

Mailing Address  
**111 SHELL AVE SE  
FT WALTON BEACH, FL 32548-5540**

20061888



2. Principal Place of Business

**103 Moriarty St. NW**  
Suite, Apt. #, etc.

3. Mailing Address

**103 Moriarty St. NW**  
Suite, Apt. #, etc.

07012005

Chg-P

CR2E034 (10/03)

City & State

**Ft. Walton Beach, FL**

City & State

**Ft. Walton Beach, FL**

Zip

**32548**

Country

**USA**

Zip

**32548**

Country

**USA**

4. FEI Number

**20-0828552**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SASSER, EDWARD L  
111 SHELL AVE SE  
FT WALTON BEACH, FL 32548-5540**

7. Name and Address of New Registered Agent

Name **Sasser, Edward L**  
Street Address (P.O. Box Number is Not Acceptable)

**103 Moriarty St. NW**  
City **Ft. Walton Beach** **FL** Zip Code **32548**

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 *Edward L Sasser*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-1-05**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SASSER, DONNA J**  
STREET ADDRESS **111 SHELL AVE SE**  
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **VD** ☐ Delete  
NAME **SASSER, EDWARD L**  
STREET ADDRESS **111 SHELL AVE SE**  
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **T** ☐ Delete  
NAME **BANFIELD, STEVEN J**  
STREET ADDRESS **98 ECCLES RD**  
CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Sasser, Donna J**  
STREET ADDRESS **103 Moriarty St. NW**  
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Sasser, Edward L**  
STREET ADDRESS **103 Moriarty St NW**  
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

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

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

TITLE ☐ Change ☐ Addition  
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: *Edward L Sasser* **EDWARD L SASSER** **VO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/05**

DATE

**850-244-0998**

DAYTIME PHONE #