

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000120333

Entity Name: A-Z MECHANICAL SERVICES, INC

FILED
Sep 28, 2005
Secretary of State

Current Principal Place of Business:

222 HICKMAN DRIVE
SANFORD, FL 32771

New Principal Place of Business:

875 CARDINAL POINTE COVE
SANFORD, FL 32771

Current Mailing Address:

222 HICKMAN DRIVE
SANFORD, FL 32771

New Mailing Address:

875 CARDINAL POINTE COVE
SANFORD, FL 32771

FEI Number: 20-0349949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECARLO, ALICE M
875 CARDINAL POINTE COVE
SANFORD, FL 32771 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: ALICE DECARLO

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: P () Delete
Name: MILLER, CRAIG M
Address: 875 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: MILLER, GRACE A
Address: 875 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: SENAY, EUGENE
Address: 4311 NW 115 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRACE MILLER

VP

09/28/2005

Electronic Signature of Signing Officer or Director

Date