


FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90666 002 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000139704</b>			
1. Entity Name <b>BRUCE MAIDEL MECHANICAL SUBCONTRACTORS, INCORPORATED</b>			
Principal Place of Business <b>1196 GALGANO AVENUE DELTONA, FL 32725</b>		Mailing Address <b>1196 GALGANO AVENUE DELTONA, FL 32725</b>	
2. Principal Place of Business <b>20 Blyth Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>20 Blyth Ct.</b> Suite, Apt. #, etc.	
City & State <b>Palm Coast, FL.</b>		City & State <b>Palm Coast, FL.</b>	
Zip <b>32137</b>		Zip <b>32137</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>38-3692807</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MAIDEL, MAGALENE 1196 GALGANO AVENUE DELTONA, FL 32725</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>* FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D MAIDEL, BRUCE <input type="checkbox"/> Delete 1196 GALGANO AVENUE DELTONA, FL 32725		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D MAIDEL, MAGALENE <input type="checkbox"/> Delete 1196 GALGANO AVENUE DELTONA, FL 32725		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Magalene Maidel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-30-04</i> Daytime Phone # <i>386-986-4680</i>	