

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139704

FILED
Apr 30, 2005
Secretary of State

Entity Name: BRUCE MAIDEL MECHANICAL SUBCONTRACTORS, INCORPORATED

Current Principal Place of Business:

20 BLYTH CT
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

20 BLYTH CT
PALM COAST, FL 32137

New Mailing Address:

20 BLYTH CT.
PALM COAST, FL 32137

FEI Number: 38-3692807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIDEL, MAGALENE
1196 GALGANO AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MAIDEL, MAGALENE
20 BLYTH CT.
PALM COAST, FL 32137 US

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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAIDEL, BRUCE
Address: 1196 GALGANO AVENUE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: MAIDEL, MAGALENE
Address: 1196 GALGANO AVENUE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAIDEL, BRUCE
Address: 20 BLYTH CT
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: MAIDEL, MAGALENE
Address: 20 BLYTH CT
City-St-Zip: PALM COAST, FL 32137

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: MAGALENE MAIDEL

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date