


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 004 ***150.00

DOCUMENT # P03000151963		
1. Entity Name BRANTLEY MECHANICAL, INC.		

Principal Place of Business 9858 WESBOURNE CT JACKSONVILLE, FL 32221	Mailing Address POB 37692 JACKSONVILLE, FL 32236-7692
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2. Principal Place of Business - No P.O. Box # 7073 Deauville Rd.	3. Mailing Address Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State
Zip 32205	Country

60035273

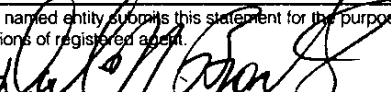


04172008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0512648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

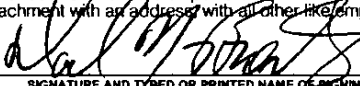
6. Name and Address of Current Registered Agent BRANTLEY, DAVID N 7073 DEANVILLE RD. JACKSONVILLE, FL 32205	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7073 Deauville Rd. City Jacksonville FL Zip Code 32205	
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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 	DATE 4-16-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANTLEY, DAVID N		NAME	
STREET ADDRESS 7073 DEAUVILLE ROAD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32205		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE 4-16-08 DAYTIME PHONE # 904-545-3406