

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90407 013 \*\*\*150.00

**DOCUMENT # P04000090985**

1. Entity Name  
**CENTURY MECHANICAL SERVICES, INC.**



Principal Place of Business  
**1106 10TH STREET  
SUITE A  
ST. CLOUD, FL 34769**

Mailing Address  
**717 EAST OAK STREET  
KISSIMMEE, FL 34744**

**50008414**



2. Principal Place of Business  
**4339 Neptune Road**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03022006 Chg-P CR2E034 (11/05)

City & State  
**St. Cloud, FL**

City & State

4. FEI Number  
**20-1235419**

Applied For  
Not Applicable

Zip  
**34769**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MONTE, ANDRES  
1106 10TH STREET  
SUITE A  
ST. CLOUD, FL 34769**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4339 Neptune Road**  
City **St. Cloud** **FL** Zip Code **34769**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **DPS** ☐ Delete  
NAME **MONTE, ANDRES**  
STREET ADDRESS **6050 PEREGRINE AVE.**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☐ Delete  
NAME **FREEMAN, ROBERT**  
STREET ADDRESS **1144 MONROE AVE.**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE **D** ☐ Delete  
NAME **VELEZ, LUZ**  
STREET ADDRESS **1002 MORVAN LANE**  
CITY-ST-ZIP **KISSIMMEE, FL 34759**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **14237 Hampshire Bay Circle**  
CITY-ST-ZIP **Winter Garden, FL 34787**

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

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 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:**

*Andres Montes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/06*  
Date

*810-510-8758*  
Daytime Phone #