

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90357 005 \*\*\*150.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P04000094502</b><br>1. Entity Name<br><b>SISSON MECHANICAL SERVICES, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>6132 IDLEWILD STREET, UNIT #6<br/>FORT MYERS, FL 33912</b>  |  | Mailing Address<br><b>6132 IDLEWILD STREET, UNIT #6<br/>FORT MYERS, FL 33912</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>8050 Bayshore Road</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>5556 Burr St</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>North Ft Myers, FL</b><br>Zip <b>33917</b> Country   |  | City & State<br><b>Lehigh Acres, FL</b><br>Zip <b>33971</b> Country   |  |
| 4. FEI Number<br><b>16-1702384</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SISSON, MICHAEL L<br/>6132 IDLEWILD STREET, UNIT #6<br/>FORT MYERS, FL 33912</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name <b>SISSON, Michael L</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8050 Bayshore Rd</b><br>City <b>North Ft Myers</b> State <b>FL</b> Zip Code <b>33917</b> |  |
| 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 obligation of registered agent.<br><br>SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>SISSON, MICHAEL L</b><br><b>6132 IDLEWILD STREET, UNIT #6</b><br><b>FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SISSON, Michael L</b><br><b>8050 Bayshore Rd</b><br><b>North Ft Myers, FL 33917</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 |  |   |  |
| <b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |
| <small>Date</small>   |  | <small>Daytime Phone #</small>  |  |