

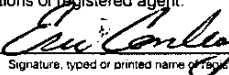



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90026 002 ***158.75

DOCUMENT # P04000162699					
1. Entity Name SHUMATE MECHANICAL SERVICES WEST COAST, INC.					
Principal Place of Business 30435 COMMERCE DR., SUITE 104 SAN ANTONIO, FL 78203			Mailing Address 30435 COMMERCE DR., SUITE 104 SAN ANTONIO, FL 78203		
2. Principal Place of Business - No P.O. Box # 7940 Rutledge Ct Suite, Apt. #, etc. Suite C		3. Mailing Address 801 Central PK DR Suite, Apt. #, etc.			
City & State Newport Richey, FL Zip 34653		City & State Sanford, FL Zip 32771		4. FEI Number 20-1961733	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONLEY, ERIC 150 HOPE STREET UNIT 1016 LONGWOOD, FL 32750-5120			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 Central PK DR City Sanford FL Zip Code 32771		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 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	D CONELY, C ERIC 150 HOPE STREET UNIT 1016 LONGWOOD, FL 32750-5120		TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 Central PARK DR. Sanford FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			4/10/08 407-265-0777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		