


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P05207 <b>1. Entity Name</b> ROCK CITY MECHANICAL, INC.	
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<b>Principal Place of Business</b> 2715 GRANDVIEW AVENUE NASHVILLE, TN 37211 US	<b>Mailing Address</b> P.O. BOX 40446 NASHVILLE, TN 37204 US
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 62-0786474	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHUETT, JACK L. 2715 GRANVIEW AVE. NASHVILLE, TN 37211
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PDT CAMPBELL, JAMES A. 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, VIVIAN 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T DICKENS, JOHN B 2715 GRANDVIEW AVE NASHVILLE, TN 37211
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/05-80004-003 150.00

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **1-13-05** **615 251-3045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #