

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049064

FILED
Apr 13, 2009
Secretary of State

Entity Name: SUNSTATE MECHANICAL SYSTEMS, INC.

Current Principal Place of Business:

11943 ARMSDALE RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

85109 JOANN RD
YULEE, FL 32097

Current Mailing Address:

PO BOX 3431
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 26-2626994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, HOWARD E III
11943 ARMSDALE RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

WELLS, HOWARD E III
85109 JOANN RD
YULEE, FL 32097 US

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.

SIGNATURE: _____

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WELLS, HOWARD E III
Address: 11943 ARMSDALE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DVT () Delete
Name: WELLS, DONNA G
Address: 11943 ARMSDALE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: WELLS, HOWARD E IV
Address: 11943 ARMSDALE RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WELLS, HOWARD E III
Address: 85109 JOANN RD
City-St-Zip: YULEE, FL 32097

Title: DVT (X) Change () Addition
Name: WELLS, DONNA G
Address: 85109 JOANN RD
City-St-Zip: YULEE, FL 32097

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD E WELLS III

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04/13/2009

Electronic Signature of Signing Officer or Director

Date