2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State 01-12-2004 90024 005 ***150.00

DOCUMENT # P32755 1. Entity Name KING MECHANICAL CONTRACTORS, INC.							01-12	-2004 9002	-,- -	· ····
Principal Place of Business . Mailing Address 3945 CROMWELL RD. P.O. BOX 16608 CHATTANOOGA, TN 37421 CHATTANOOGA, TN 37416							E NATA INEN ARRA ENT	i Bill Bibli bibli ol	E = F S 	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052004	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Number 62-133				plied For t Applicable
Zip		Country	Zip	Coun	try		of Status Desire	<u></u>	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of Ne	w Registered	Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						(P.O. Box Numb	er is Not Accept	able)		
				ŗ	City			FL	Zip Code	
		y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State o	f Florida. I am	lamiliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					d Agent signature required	d unan exipetation)		DATE	J .	· · · · ·
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		FEE IS \$150.00 4 Feø will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10. OFFICERS AND DIRECTORS						ADDITIONS/	CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
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CITY-ST-ZIP***		NOOGA, TN 37421	~ · ~-		-ST-ZIP	F				
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12. I hereby indicated	certify that tr	ne information supplied with	this filing does not qualify for true and accurate and that	r the exe my signa	mption stated in Seture shall have the	ection 119.07(3)(same legal effect	i), Florida Statut it as if made und	es. I further cer der oath; that i	tify that the in	formation or director
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 ephpowered 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 a other like empowered.										
SIGNATURE: 1/5/04										