2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400090703 1. Entity Name DIVERSIFY MECHANICAL, INC.

FILED Feb 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

9999 N.W. 89TH AVENUE, BAY 1 MIAMI, FL 33178 9999 N.W. 89TH AVENUE, BAY 1 MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

01102007	No Cha-P	CR2E034 (11/05)	

4. FEI Number 65-0552636 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

308-8 6J-JJ3

6. Name and Address of Current Registered Agent

GORDON, WILLIAM S 9999 N.W. 89TH AVENUE, BAY 1 MIAMI, FL 33178

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. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Ap	ent argneture	required when remetating)	DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, GORDON 9999 N.W. 89TH AVENUE, BAY 1 MIAMI, FL 33178					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKENZIE, YVONNE 9999 N.W. 89TH AVENUE, BAY 1 MIAMI, FL 33178				U00000646272 03/06/07-80024-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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.						

NG OFFICER OR DIRECTOR