

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 030 ***150.00

DOCUMENT # P95000004745

1. Entity Name
F.C.R. MECHANICAL CONTRACTORS, INC.



Principal Place of Business
**431 S RIDGEWOOD AVE
UNIT B - 3
EDGEWATER, FL 32132 US**

Mailing Address
**P.O. BOX 296
EDGEWATER, FL 32132 US**



2. Principal Place of Business
**927 S. Ridgewood Ave
Suite, Apt. #, etc.
UNIT A-2**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Edgewater, FL
Zip
32132
Country
US

City & State
Edgewater, FL
Zip
32132
Country
US

04042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3292057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, CARMELA
560 COUNTY LINE DITCH RD
OAK HILL, FL 32759**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CARMELA	
STREET ADDRESS	560 COUNTY LINE DITCH RD	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, FRANKLIN C	
STREET ADDRESS	560 COUNTY LINE DITCH RD	
CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carmela Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

386/428/2068
Daytime Phone #