

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000031967**

1. Entity Name

MERCURY MECHANICAL SERVICES, INC.



Principal Place of Business

2 E 12TH STT  
ST. CLOUD FL 34769  
US

Mailing Address

2 E 12TH ST  
ST. CLOUD FL 34769  
US

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3304929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAGE, CHRISTIE A  
2 E 12TH ST  
ST. CLOUD FL 34769

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME PAGE, CHRISTIE A  
STREET ADDRESS 4218 NATCHEZ TRACE DRIVE  
CITY, ST, ZIP ST. CLOUD FL

TITLE D ☐ Delete

NAME PAGE, RONALD  
STREET ADDRESS 4218 NATCHEZ TRACE DRIVE  
CITY, ST, ZIP ST. CLOUD FL 34769

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY, ST, ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY, ST, ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

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:

*Christie A. Page* Christie A. Page 2-1-05 407-957-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone