

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P95000097073																																																																																																																																																											
1. Entity Name MECHANICAL REFURBISHMENT INDUSTRIES, INC.																																																																																																																																																											
Principal Place of Business 1410 CREVALLE STREET MERRITT ISLAND FL 32952			Mailing Address P O BOX 540262 MERRITT ISLAND FL 32954-262 US																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 59-3352797																																																																																																																																																							
Zip		Country		Applied For Not Applicable																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent STANFIELD, HERBERT A JR. 1410 CREVALLE STREET MERRITT ISLAND FL 32952			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 _____ DATE _____ Signature typed or printed name of registered agent is not acceptable. (NOTE: Registered Agent signature required when removing agent.)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Karen Naylor</i> KAREN NAYLOR 4/14/08 321-454-2511																																																																																																																																																											