2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P95000097073

Entity Name: MECHANICAL REFURBISHMENT INDUSTRIES, INC.

Current Principal Place of Business:

1410 CREVALLE STREET
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P O BXO 540262
MERRITT ISLAND, FL 32954262 US

New Mailing Address:

P O BOX 540262
MERRITT ISLAND, FL 32954262 US

FEI Number: 59-3352797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANFIELD, HERBERT A JR.
1410 CREVALLE STREET
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STANFIELD, HERBERT A JR.
Address: 1410 CREVALLE STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: STANFIELD, HERBERT A SR.
Address: 1410 CREVALLE STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: NAYLOR, KAREN D
Address: 4510 CAMBERLY STREET
City-St-Zip: PORT ST. JOHN, FL 32927

Title: S ( ) Delete
Name: STANFIELD, MARGARET
Address: 1410 CREVALLE AVE
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN NAYLOR T 04/06/2009

Electronic Signature of Signing Officer or Director Date