

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 014 ***150.00

DOCUMENT # P97000068260

1. Entity Name
NAGELBUSH MECHANICAL, INC.



Principal Place of Business
5385 NOB HILL ROAD
SUNRISE, FL 33351 US

Mailing Address
5385 NOB HILL ROAD
SUNRISE, FL 33351 US



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0774762	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAGELBUSH, JEROME
5385 NOB HILL RD
SUNRISE, FL 33351

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. 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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD A 5385 NOB HILL RD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGELBUSH, JEROME 5385 NOB HILL RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAGEBUSH, LARRY 5385 NOB HILL RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ys VP</i> MANKUTA, AMY 5385 NOB HILL RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KORNFELD, STEVE 5385 NOB HILL RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Amey Mankuta, V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 *954-748-743*
 Date Daytime Phone #