2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P97000081888** 1. Entity Name 04-16-2004 90031 006 \*\*\*150.00 CENTRAL FLORIDA MECHANICAL, INC. Mailing Address Principal Place of Business 737 CARROLL AVE., S.W. WINTER HAVEN FL 33880 737 CARROLL AVE., S.W. WINTER HAVEN FL 33880 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3469882 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CONTI, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 737 CARROLL AVE., S.W. WINTER HAVEN FL 33880 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Change Addition ☐ Delete CONTI, RICHARD J. NAME STREET ADDRESS 737 CARROLL AVE., S.W. STREET ADDRESS CITY-ST-7IP WINTER HAVEN FL 33880 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNING OFFICER OF DIRECTOR

FILED

4-10-04 \$63-401-5460
Date Daytime Phone #