

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000015233

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** LPG MECHANICAL CONTRACTORS, INC.

**Current Principal Place of Business:**

20613 NW 190 AVE  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3145  
HIGH SPRINGS, FL 32655

**New Mailing Address:**

**FEI Number:** 59-3492266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUM, CAROL  
20613 NW 190 AVE  
HIGH SPRINGS, FL 32643 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BLUM, CAROL  
Address: 20613 NW 190 AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VTD  
Name: BLUM, BRAD  
Address: 20613 NW 190 AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TRES  
Name: BLUM, MATTHEW  
Address: 20613 NW 190TH AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby 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 all other like empowered.

SIGNATURE: CAROL BLUM

PRES

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date