## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P98000077038** 04-23-2007 90261 012 \*\*\*150.00 1. Entity Name D & M MECHANICAL, INC. 40077366 Principal Place of Business Mailing Address 10251 38TH ST. NORTH 10251 38TH ST. NORTH CLEARWATER, FL 33762 CLEARWATER, FL 33762 01182007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3529091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRISSEY, MARK DO NOT WRITE 10251 38TH ST. NORTH CLEARWATER, FL 33762 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TILLE MORRISSEY, MARK NAME STREET ADDRESS 10251 38TH ST. NORTH CITY-ST-ZIP CLEARWATER, FL 33762 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME\_ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: Mark Mones

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Mark Morrissey, Pres.

FILED