2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000085106

1. Entity Name
EUGENE MECHANICAL, INC.

Principal Place of Business	Mailing Address
605 MAGNOLIA AVE SANFORD, FL 32771	605 MAGNOLIA AVE SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3536311
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, DALE
605 MAGNOLIA AVE
SANFORD, FL 32771

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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: Dale E Newton July 12, 2004
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWTON, DALE E
STREET ADDRESS	605 MAGNOLIA AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	V
NAME	NEWTON, DIANNE
STREET ADDRESS	605 MAGNOLIA AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	NEWTON, DIANNE
STREET ADDRESS	605 MAGNOLIA AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/15/04-80001-010 158.75

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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: Dale E Newton July 12, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #