## **2008 FOR PROFIT CORPORATION**

changed, or on an attachment

## FILED **ANNUAL REPORT** Jan 28, 2008 08:00 Al DOCUMENT # P98000085106 **Secretary of State** EUGENE MECHANICAL, INC. Principal Place of Business Mailing Address 605 MAGNOLIA AVE **605 MAGNOLIA AVE** SANFORD, FL 32771 SANFORD, FL 32771 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3536311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent NEWTON, DALE DO NOT WRITE 605 MAGNOLIA AVE SANFORD, FL 32771 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U000000803924 After May 1, 2008 Fee will be \$550.00 Added to Fees n2/05/08-80042**-**020 10. OFFICERS AND DIRECTORS TITLE NEWTON, DALE E NAME **605 MAGNOLIA AVENUE** STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 THLE NEWTON, DIANNE NAME STREET ADDRESS **605 MAGNOLIA AVENUE** CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME NEWTON, DIANNE STREET ADDRESS **605 MAGNOLIA AVENUE** DO NOT WRITE CITY-ST-ZIP SANFORD, FL 32771 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

IAME OF SIGNING OFFICER OR DIRECTOR