

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000103386

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** MECHANICAL, ELECTRICAL & PLUMBING OF FLORIDA, INC.

**Current Principal Place of Business:**

1411 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 555459  
ORLANDO, FL 32855

**New Mailing Address:**

1411 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**FEI Number:** 59-3546025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAIN, SHANE  
1411 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 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: CEO  
Name: MATTHEWS, OWEN S  
Address: 2034 COVE TRAIL  
City-St-Zip: WINTER PARK, FL 32789

Title: T&S  
Name: CRAIN, SHANE  
Address: 12 GREEN LAKE CIR  
City-St-Zip: LONGWOOD, FL 32779

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: SHANE CRAIN

T&S

02/24/2011

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

\_\_\_\_\_  
Date