


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90278 020 \*\*\*150.00

<b>DOCUMENT # P99000031934</b> 1. Entity Name <b>R &amp; R MECHANICAL, INC.</b>					
Principal Place of Business <b>780 DELTONA BLVD SUITE 102 DELTONA, FL 32725</b>			Mailing Address <b>780 DELTONA BLVD SUITE 102 DELTONA, FL 32725</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>52-2189684</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WINES, TAMMY 1410 WINDY KNOLL LANE DELAND, FL 32724</b>			7. Name and Address of New Registered Agent Name <b>RONALD M. ORENIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 POLO LANE</b> City <b>SANFORD</b> FL      Zip Code <b>32771</b>		
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 <u><i>Ronald M. Orenic</i></u> <b>RONALD M. ORENIC</b> DATE <b>04-28-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VT</b>  <b>ORENIC, RON</b> <b>5810 SOUTH SYLVAN LAKE DRIVE</b> <b>SANFORD, FL 32771</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRESIDENT - TREASURER</b> <b>RONALD M. ORENIC</b> <b>109 POLO LANE</b> <b>SANFORD FL 32771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>SLANKER, AUDREY</b> <b>2049 BOND ROAD</b> <b>DELAND, FL 32720</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VICE PRESIDENT</b> <b>RICHARD E. SLANKER</b> <b>2049 BOND ROAD</b> <b>DELAND FL 32720</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SECRETARY</b> <b>RONALD N. COX</b> <b>2235 DEER FOOT TRAIL</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ronald M. Orenic</i></u> <b>RONALD M. ORENIC</b> DATE <b>04-28-04</b> DAYTIME PHONE <b>386-574-8600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					