2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P99000094089

Entity Name: MECHANICAL ENTERPRISES, INC.

Current Principal Place of Business:

541 PERMENTO AVE S
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60533
JACKSONVILLE, FL 32236

New Mailing Address:

541 PERMENTO AVE S
JACKSONVILLE, FL 32220

FEI Number: 59-3605431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLOWES, BORDEN R
166 A1A N.
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WADE, JOHN
Address: 237 SPARROW BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: KELLY, MICHAEL A
Address: 195A S ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete
Name: WADE, LISA
Address: 237 SPARROW BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete
Name: KELLY, ANITA
Address: 195A S. ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE KELLY VP 04/20/2009
Electronic Signature of Signing Officer or Director Date