

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 002 ***558.75

DOCUMENT # S12499

1. Entity Name
PROFESSIONAL MECHANICAL TECHNOLOGIES, INC.



Principal Place of Business
**2190 EAST NINE MILE ROAD
PENSACOLA, FL 32514**

Mailing Address
**2190 EAST NINE MILE ROAD
PENSACOLA, FL 32514**

50026499



2. Principal Place of Business
2190 EAST NINE MILE ROAD

3. Mailing Address
2190 EAST NINE MILE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006

Chg-P

CR2E034 (11/05)

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
59-3038510

Applied For
Not Applicable

Zip
32514

Country
USA

Zip
32514

Country
USA

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

6. Name and Address of Current Registered Agent

**GEIGER, DANIEL W.
9029 CHISOLM ROAD
PENSACOLA, FL 32514**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GEIGER, DANIEL W**
STREET ADDRESS **9029 CHISOLM ROAD**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE **ST** ☐ Delete
NAME **COOK, DOROTHY DELETE**
STREET ADDRESS **837 D. TAMARACK AVE**
CITY-ST-ZIP **CARLSBAD, CA 92008**

TITLE **-V-** ☐ Delete
NAME **BEASLEY, ROBERT D**
STREET ADDRESS **51 JACKSON AVE**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **COOK DOROTHY**
STREET ADDRESS **4700 DEAN DRIVE**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/23/06 850/484-3678
Date Daytime Phone #