## **2008 FOR PROFIT CORPORATION**

## Feb 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # S53988 TOTAL MECHANICAL CORPORATION Principal Place of Business Mailing Address P.O. BOX 1461 P.O. BOX 1461 APOPKA, FL 32704-1461 APOPKA, FL 32704-1461 No Chg-P CR2E034 (11/05) 01252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3070670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KINARD, KENNETH A DO NOT WRITE **573 SEAN COURT** APOPKA, FL 32712 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KINARD, KENNETH A. NAME STREET ADDRESS 573 SEAN COURT CITY-ST-ZIP APOPKA, FL 32712 TITLE U000000810654 NAME 02/08/08-80073-018 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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,

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

383-9943

**FILED**