

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V33732

1. Entity Name
OAKWOOD MECHANICAL SYSTEMS, INC.



Principal Place of Business

213 EAST BRIDGERS AVE
AUBURNDALE, FL 33823 US

Mailing Address

213 EAST BRIDGERS AVE
AUBURNDALE, FL 33823 US

FILED
Apr 02, 2005 08:00 AM
Secretary of State



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3152664

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERTI, GINO
213 E BRIDGERS AVE
AUBURNDALE, FL 33823

**DO NOT WRITE
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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERTI, GINO
STREET ADDRESS	213 E BRIDGERS AVE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	TSD
NAME	BERTI, MARY
STREET ADDRESS	213 E BRIDGERS AVE
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	PD
NAME	BERTI, STEPHEN
STREET ADDRESS	213 E BRIDGERS AVE
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000285024
04/02/05-80028-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

35-05 863 967-7399