2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Jan 17, 2000 08:00 Alvi			
DÓCU	MENT # V40172		Secretary of State				
1. Entity Name FRS MECHANICAL CORP				}			
	5. 17 W 107 IL 001 U	·					
-		Mailing Address					
		5845 ENTERPRISE FORT MYERS, FL 33905					
· on mich		7011 111210712 00000		5 (MILL 19) (MIL	מור שומפר וושוב כשושע וועום 	2190 BIST SIST SINT SING SING	* # 1881
							
DO NOT WRITE IN THIS			CE	01132006	No Chg-P	CR2E034 (11/05)	
L	O NO! WKIIE!	IN I HIS SPA	CE	4. FEI Numbe 65-033		Applie	d For pplicab
						CO 75 Addition	
	C. P	· · · · · · · · · · · · · · · · · · ·	7	5. Cermicate	of Status Desired	Fee Required	
	6. Name and Address of Current Reg	istered Agent	}. }	÷			
SCHUMAN, FRED				DO	NOT W	RITE	
5845 ENTREPRISE FORT MYERS, FL 33905							
			}	11/4	THIS SP	ACE	
	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar with, and	accep
me obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and ti	tle if applicable (NOTE Registere	d Agent signeture required	when reinstating)		DATE	<u>-</u>
0.51.0.000.00			<u> </u>		<u> </u>		à
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS		***************************************		·	
TITLE NAME	SCHUMAN, FRED		1				
STREET ADDRESS	S 5845 ENTERPRISE						
CITY-ST-ZIP	FT MYERS, FL 33905			. * 12	000000 	386581 80004-012 150.	- -
TITLE NAME	VP CONROD, JEFF		}		1117 136 NO	00004_015 TOO"	uu
STREET ADDRESS	2623 NW 10TH STREET	•	1				
CITY-ST-ZIP	CAPE CORAL, FL 33993	. <u>. </u>	4.				
TITLE NAME	}		f				
STREET ADDRESS			ł	∇	NOT IN	הידר	
CITY-SI-ZIP TITLE]	DO NOT WRITE			
			IN THIS SPACE				
NAME STREET ADDRESS			F			- 	
CITY-ST-ZIP]	· · · · · · · · · · · · · · · · · · ·		-	
TITLE			}				
NAME STREET ADDRESS			I				
CITY-ST-ZIP					** *		
TiT1E			1				

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 of supplied 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 altachment with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR