2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # V42665 1. Entity Name 05-03-2004 90660 043 ***150 00 FLORIDA MECHANICAL INSTALLERS, INC. Mailing Address Principal Place of Business 4450 SW 61 AVENUE 4450 SW 61 AVENUE SUITE 9 DAVIE FL 33314 **DAVIE FL 33314** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0341084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPEED, MICHAEL I. Street Address (P.O. Box Number is Not Acceptable 6960 5 0 39 5 + 6 7111 N.W. 21ST STREET SUNRISE FL 33313 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Delete TITLE michael I Speed SPEED, MICHAEL I. NAME NAME 4450 SW 61 ave #9 7111 NW 21ST ST. STREET ADDRESS STREET ADDRESS Davie FL 33314 CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE Runnebaum, John H 4450 SW61 ave #9 RUNNEBAUM, JOHN H. NAME NAME STREET ADDRESS 7111 NW 21ST ST. STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP FL 33314 . . . Change ___ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED