2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60160

Entity Name: ISLANDS MECHANICAL CONTRACTOR, INC.

FILED Aug 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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526 STOCKTON ST. 3070 BLANDING BOULEVARD JACKSONVILLE, FL 32205 MIDDLEBURG, FL 32068

Current Mailing Address: New Mailing Address:

526 STOCKTON ST. PO BOX 2039

JACKSONVILLE, FL 32205 MIDDLEBURG, FL 32050

FEI Number: 59-3144925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRITT, ARNOLD D
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US
PEEK, JACOB R
1 INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: JACOB R. PEEK 08/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TURNAGE, ROBERT J TURNAGE, ROBERT J MR Name: Name: 524 STOCKTON STREET 3070 BLANDING BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: MIDDLEBURG, FL 32068

() Delete Title: VΡ Title: VΡ (X) Change () Addition Name: CHASON, RONNIE E Name: CHASON, RONNIE E MR 524 STOCKTON ST 3070 BLANDING BOULEVARD Address: Address: JACKSONVILLE, FL 32204 MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip:

Title: () Delete Title: CS () Change (X) Addition Name: MOORE, KRISTEN K MRS

 Name:
 Name:
 MOORE, KRISTEN K MRS

 Address:
 Address:
 3070 BLANDING BOULEVARD

 City-St-Zip:
 City-St-Zip:
 MIDDLEBURG, FL 32068

Title: () Delete Title: T () Change (X) Addition
Name: CHASON, LAUREN MS
Address: 2070 PLANDING ROLL EVARD

Address: Address: 3070 BLANDING BOULEVARD City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN K. MOORE CS 08/25/2008