

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64810

Entity Name: AIR MECHANICAL & SERVICE CORP.**Current Principal Place of Business:**4311 W. IDA ST.
TAMPA, FL 33614**Current Mailing Address:**4311 W. IDA ST.
TAMPA, FL 33614**FEI Number:** 59-2158902**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BYERS, LINDSAY W.
4311 W. IDA STREET
TAMPA, FL 33614 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	V
Name	GORNEY, LANCE
Address	14126 PORTRUSH DRIVE
City-State-Zip:	ORLANDO FL 32828

Title	V
Name	GOLDSTEIN, LYNN M
Address	5356 SOUTHWICK DRIVE
City-State-Zip:	TAMPA FL 33624

Title	V
Name	CITEK, ANDREW H
Address	8572 109TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33772

Title	PD
Name	BYERS, LINDSAY W
Address	10069 GULF BLVD.
City-State-Zip:	TREASURE ISLAND FL 33607

Title	STD
Name	BYERS, JOHN L.
Address	2535 TENNESSEE AVENUE
City-State-Zip:	TAMPA FL 33629

Title	V
Name	CONNELLY, NEIL
Address	16530 FORESTLAKE DRIVE
City-State-Zip:	TAMPA FL 33624

I hereby 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 all other like empowered.

SIGNATURE: LINDSAY W. BYERS**PRESIDENT****01/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date