

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000019729

**Entity Name:** SOUTHEAST MECHANICAL SYSTEMS, INC.

**Current Principal Place of Business:**

710 HAINES STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

710 HAINES STREET  
JACKSONVILLE, FL 32202

**FEI Number:** 05-0554916

**Certificate of Status Desired:** No

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

PORTER, SHARON  
1340 TRAILWOOD DRIVE  
NEPTUNE BEACH, FL 32266 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 VP  
Name PORTER, SHARON R  
Address 1340 TRAILWOOD DR  
City-State-Zip: NEPTUNE BEACH FL 32266

Title S  
Name PORTER, SHARON  
Address 1340 TRAILWOOD DRIVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name PORTER, MICHAEL  
Address 1340 TRAILWOOD DRIVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title P  
Name PORTER, MICHAEL T  
Address 1340 TRAILWOOD DRIVE  
City-State-Zip: NEPTUNE BEACH FL 32266

*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:** MICHAEL PORTER

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date