

2014 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	T
Name	INGRAM, JO A
Address	2411 BROWNWOOD ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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

02/11/14

02/11/2014

Electronic Signature of Signing Officer/Director Detail_____
Date