


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000022133

1. Entity Name
 BAY MECHANICAL, INC.



Principal Place of Business 2696 RELIANCE DRIVE VIRGINIA BEACH, VA 23452	Mailing Address 2696 RELIANCE DRIVE VIRGINIA BEACH, VA 23452
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1153238	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRABTREE, TRIPPE & ASSOCIATES, INC.
 901 SOUTHWEST 21ST STREET
 BOCA RATON, FL 33486

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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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000070060 03/01/04-80031-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, B. W 2696 RELIANCE DR VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, MICHAEL V 2696 RELIANCE DR. VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASH, JEFFERY 2696 RELIANCE DR VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, HENRY ALLEN 2696 RELIANCE DR VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWDEN, AMY C 2696 RELIANCE DR VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLD, LEE ANN 2696 RELIANCE DR VIRGINIA BEACH, VA 23452

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

SIGNATURE: [Signature], V.P. Amy C. Bowden, Vice Pres. 2/11/04 757-468-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____