


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | | |
|---|---------|--|----------|
| DOCUMENT # 713775 | |  | |
| 1. Entity Name FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC. | | | |
| Principal Place of Business 315 MELODY LANE P.O. BOX 180458 CASSELBERRY FL 32707 | | Mailing Address 315 MELODY LANE P.O. BOX 180458 CASSELBERRY FL 32718 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent FICARROTTO, JANICE 315 MELODY LANE CASSELBERRY FL 32707 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |
| 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 _____ | | | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| | | DATE | |



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1440713** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------|---------------------------------|--|---|--------------------------|--|--|
| TITLE | PE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | STRICKLER, JOE T | | | NAME | 000000416031 | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | 02/11/06-80108-011 61.25 | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | | CITY-ST-ZIP | | | |
| TITLE | TPP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | GUZMAN, EMILIO | | | NAME | | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | STICKLER, SINCLAIR | | | NAME | | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707-3256 | | | CITY-ST-ZIP | | | |
| TITLE | ED | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | FICARROTTO, JANICE | | | NAME | | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | BECKETT, SUSAN | | | NAME | | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | | CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ENGLE, CHRISTIAN | | | NAME | | | |
| STREET ADDRESS | 315 MELODY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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 employed.

SIGNATURE: *[Signature]* JANICE FICARROTTO 3/1/06 315-221-407