


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1440713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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			
STREET ADDRESS	315 MELODY LANE			STREET ADDRESS			
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