

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90474 008 ****61.25

DOCUMENT # 742012
 1. Entity Name
 INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.



Principal Place of Business
 9500 KOGER BV STE 103
 ST. PETERSBURG, FL 33702-9433

Mailing Address
 9500 KOGER BV STE 103
 ST. PETERSBURG, FL 33702-9433



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04192005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1849807

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOMBAUGH, DAVID K
 9500 KOGER BV STE 103
 ST PETERSBURG, FL 33702

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOCICERO, ANTHONY	
STREET ADDRESS	2515 E. HANNA	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PENNER, DON	
STREET ADDRESS	7199-30 AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULEO, PAUL	
STREET ADDRESS	4301 W SOUTH AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LIGHTNER, JERRY	
STREET ADDRESS	9500 KOGER BLVD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, VERN	
STREET ADDRESS	9500 KOGER BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TEPPER, JAMES	
STREET ADDRESS	9500 KOGER BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE VANDERGRIFF	
STREET ADDRESS	1406 N. 16TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUD WOOTEN	
STREET ADDRESS	6520 12 AVE N.	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD WHITE	
STREET ADDRESS	2027 - 2ND AVE So.	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS SANDERS	
STREET ADDRESS	4416 - N. CORTEZ	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB DOYLE	
STREET ADDRESS	3415 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 empowered.

SIGNATURE: JAMES TEPPER Date: April 28, 2005 Daytime Phone #: 813-754-4461