


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90193 036 \*\*\*\*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**

**50017334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-NP CR2E037 (11/05)

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		7. Name and Address of New Registered Agent	
<b>BOMBAUGH, DAVID K                      9500 KOGER BV STE 103                      ST PETERSBURG, FL 33702</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOCICERO, ANTHONY</b> <b>2515 E. HANNA</b> <b>TAMPA, FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>DOYLE HERB</b> <b>3415 QUEEN PALM DR</b> <b>TAMPA FL 33619</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VANBERGRIFF, MIKE</b> <b>1406 N 16TH STREET</b> <b>TAMPA, FL 33605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COX LARRY</b> <b>11611 E OLD HILLS BORO AVE</b> <b>SEFFNER FL 33584</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PULEO, PAUL</b> <b>4301 W SOUTH AVE</b> <b>TAMPA, FL 33614</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPITZER, CHARLIE</b> <b>3798 - 131 AVE N.</b> <b>ST PETERSBURG, FL 33702</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P/D</b></del> <b>LIGHTNER, JERRY</b> <b>9500 KOGER BLVD</b> <b>ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, DENNIS</b> <b>4416 - NORTH CORTEZ</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOOTEN, BUD</b> <b>6520 12 AVENUE NORTH</b> <b>LARGO, FL 33773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, GERALD</b> <b>9500 - KOGER BLVD</b> <b>ST PETERSBURG FL 33702</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P/D</b></del> <b>TEPPER, JAMES</b> <b>9500 KOGER BLVD.</b> <b>SAINT PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDY BECIL</b> <b>9500 - KOGER BLVD</b> <b>ST PETERSBURG FL 33702</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: *David Bombaugh* **EXECUTIVE Director** 4-26-06 727-577-7353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #