


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90088 019 \*\*\*\*61.25

<b>DOCUMENT # 742012</b>			
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, No P.O. Box # 4400 - 140TH AVE N.		3. Mailing Address 4400 - 140TH AVE N.	
Suite, Apt. #, etc. 170		Suite, Apt. #, etc. 170	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33762	Country PINELLAS	Zip 33762	Country PINELLAS
4. FEI Number 59-1849807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOMBAUGH, DAVID K 9500 KOGER BV STE 103 ST PETERSBURG, FL 33702		Name <u>VANDERGRIFF MICHAEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1406 - N. 16TH ST</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33605</u>	
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 <u>VANDERGRIFF, MICHAEL</u>		DATE <u>4/25/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCICERO, ANTHONY 2515 E. HANNA TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDERGRIFF MICHAEL 1406 - N. 16TH ST. TAMPA FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANBERGRIFF, MIKE 1406 N 16TH STREET TAMPA, FL 33605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D WOOTEN BUD 6520 - 12TH AVE N. LARGO FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITZER, CHARLIE 3798 131 AVE N CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TEPPER JAMES 602 - NORTH OREGON AVE TAMPA FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LIGHTNER, JERRY 9500 KOGER BLVD ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, BUD 6520 12 AVENUE NORTH LARGO, FL 33773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEPPER, JAMES 9500 KOGER BLVD. SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>Michael E. Vandergriff</u>		DATE: <u>4/25/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>727-499-0727</u>	