## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jul 14, 2005 8:00 am **Secretary of State DOCUMENT # 765705** 07-14-2005 90081 041 \*\*\*\*61.25 1. Entity Name PLUMBERS & PIPEFITTERS LOCAL 123 HOLDING CORPORATION, INC. Principal Place of Business Mailing Address 4923 W CYPRESS ST. 4923 W CYPRESS ST. **TAMPA, FL 33607** TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 07082005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3511740 Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINTOSH, GLENN S Street Address (P.O. Box Number is Not Acceptable) 4923 E CYPRESS ST. TAMPA, FL 33607 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Deleta TITLE Change MILE Todd A. VEGA 3900 Hollow Oak Pl MARSH, THOMAS R NAME NAME 406 39TH AVENUE #8 STREET ADDRESS STREET ADDRESS Land O'Lakes, FL 34639 SAINT PETERSBURG, FL 33703 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE MCINTOSH, GLENN S NAME NAME STREET ADDRESS 3601 N. MCINTOSH RD STREET ADDRESS CITY-ST-ZIP DOVER, FL 33527 CITY-ST-ZIP Change ☐ Addition ПΠЕ ☐ Detete TITLE BOATRIGHT, KARLA O'BERRY NAME STREET ADDRESS 11030 LAKESHORE DR STREET ADDRESS LAND O LAKES, FL 34639 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE KOULIAS, NICK NAME NAME STREET ADDRESS 721 CRIMSON KING TRACE STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-7IP CITY-ST-78P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 supply rental 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 of trustee empowered to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re changed, or on an attache

STREET ADDRESS

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NAME

SIGNATURE:

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NAME

STREET ADDRESS

CITY-S1-ZIP

☐ Delete

☐ Change

☐ Addition

**FILED**