## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701350** 

FILED Apr 18, 2007 Secretary of State

Entity Name: PINELLAS ASSOCIATION OF PLUMBING & HEATING & COOLING CONTRACTORS, INC.

| Current Principal Place of Business:  A66 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  Current Mailing Address:  A66 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  FEI Number: 59-6135298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()  Name and Address of Current Registered Agent:  HARRIS, CHERYL  466 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE:  FEIectronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  FIRITE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title:  AMSJO, ROS  PRELIAS PARK, FL 33781  Title:  V () Delete  Name:  PASS 62RD WAYN  City-Sk-Zip:  FIRITE  S () Delete  Title:  V (X) Change () Addition  Name:  Address:  7687 63RD WAYN  City-Sk-Zip:  FULL SPARK, FL 33713  City-Sk-Zip:  FULL SPARK, FL 33713  City-Sk-Zip:  Title:  V (X) Change () Addition  Name:  Address:  Address:  FIRITE  S () Delete  Title:  V (X) Change () Addition  Name:  Address:  HAYS, MARK  Address:  HAYS, MARK  Address:  FULL SPARK, FL 33713  City-Sk-Zip:  Title:  T (X) Change () Addition  Name:  CRAIG, JOHN  Address:  FULL SPARK, FL 33713  City-Sk-Zip:  Title:  T (X) Change () Addition  Name:  CRAIG, JOHN  Address:  FULL SPARK, FL 33713  City-Sk-Zip:  Title:  T (X) Change () Addition  Name:  CRAIG, JOHN  Address:  FULL SPARK, FL 33784  City-Sk-Zip:  Title:  D () Delete  Name:  CRAIG, JOHN  Address:  City-Sk-Zip:  SAINT PETERSBURG, FL 33710  City-Sk-Zip:  SAINT PETERSBURG, FL 33713  City-Sk-Zip:  ST. PETERSBURG, FL 33713  |                   |                               |           |                        |           |                   |   |
|--|-------------------|-------------------------------|-----------|------------------------|-----------|-------------------|---|
| Current Mailing Address:  A66 94TH AVENUE NORTH ST. PETERSBURG, FL 33702  Name and Address of Current Registered Agent:  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name () Change () Addition  Name: () Change () Ad | Current P         | rincipal Place                | of Bus    | iness:                 |           | New Princ         | cipal Place of Business:                            |
| AGE 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  FEI Number: 59-6136296 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  HARRIS, CHERYL 466 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIBLE.  Title: P ( ) Delete Name: MASLO, ROB Address: MASLO, ROB Address: 7897 03RD STREET NORTH City-St-Zip: PINELLAS PARK, FL 33781  City-St-Zip: FL ( ) Delete Name: Address: 7856 62ND WAY N  City-St-Zip: City-St-Zip: GULFPORT, FL 33711  Title: S ( ) Delete Name: Address: TO OFFICERS AND DIRECTIBLE ( ) Change ( ) Addition  Name: Address: PINELAS PARK, FL 33781  City-St-Zip: ST. PETERSBURG, FL 33704  City-St-Z |                   |                               |           | US                     |           |                   |   |
| FEI Number: 59-6135296 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  HARRIS, CHERYL 466 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent  | Current M         | ailing Addres                 | ss:       |                        |           | New Maili         | ing Address:  |
| Name and Address of Current Registered Agent:  HARRIS, CHERYL 466 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   |                   |                               |           | US                     |           |                   |   |
| HARRIS, CHERYL 486 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US  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.  SIGNATURE:    Electronic Signature of Registered Agent  | FEI Number:       | : 59-6135296                  | FEI Nu    | ımber Applied For()    | FEI Nui   | mber Not App      | licable ( ) Certificate of Status Desired ( )       |
| ### AVENUE NORTH ST. PETERSBURG, FL 33702 US  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.  ### SIGNATURE:  | Name and          | Address of C                  | Current   | Registered Agent:      |           | Name and          | Address of New Registered Agent:                    |
| SIGNATURE:     Electronic Signature of Registered Agent  | 466 94TĤ <i>i</i> | AVENUE NOF                    |           | US                     |           |                   |   |
| Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE:  P ( ) Delete Name: MASLO, ROB Address: 7987 63RD STREET NORTH Address: 7987 63RD STREET NORTH Address: 7885 62ND WAY N Name: BESEL, MIKE Address: 7885 62ND WAY N Address: 7885 62ND WAY N City-St-Zip: PINELLAS PARK, FL 33781  City-St-Zip: GULFPORT, FL 33711  Title: S ( ) Delete Title: ( ) Change ( ) Addition Name: HAYS, MARK Name: HAYS, MARK Name: HAYS, MARK Address: City-St-Zip:  City-St-Zip: ST. PETERSBURG, FL 33713  City-St-Zip: ST. PETERSBURG, FL 33713  City-St-Zip: ST. PETERSBURG, FL 33704  Title: T ( ) Delete Title: T ( X) Change ( ) Addition Name: CRAIG, JOHN Address: PO BOX 60268  City-St-Zip: ST. PETERSBURG, FL 33704  City-St-Zip: ST. PETERSBURG, FL 33784  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: BRIZZI, MIKE Name: BRIZZI, MIKE Name: BRIZZI, MIKE Address: 6961 IST AVE N City-St-Zip: SAINT PETERSBURG, FL 33710  City-St-Zip: SAINT AVENUE NORTH   |                   |                               | submits   | this statement for the | purpose o | of changing i     | its registered office or registered agent, or both, |
| OFFICERS AND DIRECTORS:         ADDITIONS/CHANGES TO OFFICERS AND DIRECTITIE:         P () Delete         Title: () Change () Addition Name: Naddress: Name: Name: Name: Name: Name: Name: Name: Name: Name: Nam   | SIGNATUF          | RE:                           |           |                        |           |                   |   |
| Title:   |                   | Electror                      | nic Signa | ature of Registered Ag | jent      |                   | Date  |
| Name:   MASLO, ROB   | OFFICERS          | S AND DIREC                   | TORS:     |                        |           | ADDITION          | IS/CHANGES TO OFFICERS AND DIRECTOR                 |
| Name:         BESEL, MIKE         Name:         VAIL, KIRK           Address:         7855 62ND WAY N         Address:         4701 29TH AVENUE SOUTH           City-St-Zip:         PINELLAS PARK, FL 33781         City-St-Zip:         GULFPORT, FL 33711           Title:         S () Delete         Title:         () Change () Addition           Name:         HAYS, MARK         Name:         Address:           Address:         1709 1ST AVENUE NORTH         Address:         City-St-Zip:           City-St-Zip:         ST. PETERSBURG, FL 33713         City-St-Zip:         T           Title:         T () Delete         Title:         T (X) Change () Addition           Name:         TYSKA, DAVID         Name:         CRAIG, JOHN           Address:         813 20TH AVE. NORTH         Address:         PO BOX 60268           City-St-Zip:         ST. PETERSBURG, FL 33704         City-St-Zip:         ST. PETERSBURG, FL 33784           Title:         D () Delete         Title:         () Change () Addition           Name:         BRIZZI, MIKE         Address:         Address:           City-St-Zip:         SAINT PETERSBURG, FL 33710         City-St-Zip:           Title:         D () Delete         Title:         D (X) Change () Addition      <  | Name:<br>Address: | MASLO, ROB<br>7987 63RD ST    | REET NOF  |                        |           | Name:<br>Address: | ( ) Change ( ) Addition                             |
| Name:         HAYS, MARK         Name:           Address:         1709 1ST AVENUE NORTH         Address:           City-St-Zip:         ST. PETERSBURG, FL 33713         City-St-Zip:           Title:         T         ( ) Delete         Title:         T         (X) Change ( ) Addition           Name:         TYSKA, DAVID         Name:         CRAIG, JOHN           Address:         813 20TH AVE. NORTH         Address:         PO BOX 60268           City-St-Zip:         ST. PETERSBURG, FL 33704         City-St-Zip:         ST. PETERSBURG, FL 33784           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         BRIZZI, MIKE         Name:         Address:           Address:         6961 1ST AVE N         Address:           City-St-Zip:         SAINT PETERSBURG, FL 33710         City-St-Zip:           Title:         D         ( ) Change ( ) Addition           Name:         CRAIG, JOHN         Name:         DAVID, TYSKA           Address:         PO BOX 60268         Address:         2877 20TH AVENUE NORTH  | Name:<br>Address: | BESEL, MIKÈ<br>7855 62ND WA   | XY N      | 781                    |           | Name:<br>Address: | VAIL, KIRK<br>4701 29TH AVENUE SOUTH                |
| Name:         TYSKA, DAVID         Name:         CRAIG, JOHN           Address:         813 20TH AVE. NORTH         Address:         PO BOX 60268           City-St-Zip:         ST. PETERSBURG, FL 33784         ST. PETERSBURG, FL 33784           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         BRIZZI, MIKE         Name:         Address:           Address:         6961 1ST AVE N         Address:         City-St-Zip:           City-St-Zip:         SAINT PETERSBURG, FL 33710         City-St-Zip:           Title:         D         ( ) Delete         Title:         D         ( X) Change ( ) Addition           Name:         CRAIG, JOHN         Name:         DAVID, TYSKA           Address:         PO BOX 60268         Address:         2877 20TH AVENUE NORTH  | Name:<br>Address: | HAYS, MARK<br>1709 1ST AVE    | NUE NORT  |                        |           | Name:<br>Address: | ( ) Change ( ) Addition                             |
| Name:         BRIZZI, MIKE         Name:           Address:         6961 1ST AVE N         Address:           City-St-Zip:         SAINT PETERSBURG, FL 33710         City-St-Zip:           Title:         D         ( ) Delete         Title:         D         ( X) Change ( ) Addition           Name:         CRAIG, JOHN         Name:         DAVID, TYSKA           Address:         PO BOX 60268         Address:         2877 20TH AVENUE NORTH  | Name:<br>Address: | TYSKA, DAVID<br>813 20TH AVE. | NORTH     | 33704                  |           | Name:<br>Address: | CRAIG, JOHN<br>PO BOX 60268                         |
| Name: CRAIG, JOHN Name: DAVID, TYSKA Address: PO BOX 60268 Address: 2877 20TH AVENUE NORTH   | Name:<br>Address: | BRIZZI, MIKE<br>6961 1ST AVE  | N         | L 33710                |           | Name:<br>Address: | ( ) Change ( ) Addition                             |
|  | Name:<br>Address: | CRAIG, JOHN<br>PO BOX 60268   | 3         | 33784                  |           | Name:<br>Address: | DAVID, TYSKA<br>2877 20TH AVENUE NORTH              |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB MASLO P 04/18/2007