2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90088 020 ****61.25

DOCUMENT # 710811

1. Entity Name

AIR CONDITIONING CONTRACTORS ASSOCIATION OF CENTRAL FLORIDA, INC.

40032031

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
315 MELODY LANE P O BOX 180458 CASSELBERRY FL 32707-3256	315 MELODY LANE P O BOX 180458 CASSELBERRY FL 32718

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2766734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY FL 32707-3256

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)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRADY, JIM JR. 315 MELODY LANE CASSELBERRY FL 32707-3256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GRADY, JIM 315 MELODY LANE CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C FORTIN, RICHARD 315 MELODY LANE CASSELBERRY FL 32707-3256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HASTINGS, BRIAN 315 MELODY LANE CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RINALDI, BOBBY 315 MELODY LANE CASSELBERRY FL 32707-3256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AMBROSE, PAT 315 MELODY LANE CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, GROVER 315 MELODY LANE CASSELBERRY FL 32707-3256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TORRES, MIKE 315 MELODY LANE CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FICARROTTO, JANICE 315 MELODY LANE CASSELBERRY FL 32707-3256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ficarrotto 2/15/05 407-260-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #