

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711935

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF PLUMBING-GAS-MERCHANICAL INSPECTORS, INC.

**Current Principal Place of Business:**

19180 FOUR WHEEL DR.  
N. FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

19180 FOUR WHEEL DR.  
N. FORT MYERS, FL 33917 US

**New Mailing Address:**

**FEI Number:** 65-0215426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCSTRAVIC, JACK D  
19180 FOUR WHEEL DR.  
N. FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TRES ( ) Delete  
Name: MCSTRAVIC, JACK D  
Address: 19180 FOUR WHEEL DR.  
City-St-Zip: N. FORT MYERS, FL 33917 US

Title: PD ( ) Delete  
Name: DOWDAL, LES  
Address: 27791 MARCO DR.  
City-St-Zip: BONITA SPRINGS, FL 33923 US

Title: VP ( ) Delete  
Name: THOMAS, BRIAN  
Address: 4193 VICLIFF RD.  
City-St-Zip: W. PALM BEACH, FL 4193 US

Title: 2VP ( ) Delete  
Name: VARGAS, HERMAN  
Address: 4823 49TH AVE.  
City-St-Zip: ST. PETERSBURG, FL 33714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: THOMAS, BRIAN  
Address: 4193 VICLIFF RD.  
City-St-Zip: W.PALMBEACH, FL 33406 US

Title: VP (X) Change ( ) Addition  
Name: VARGAS, HERMAN  
Address: 4823 49TH AVE  
City-St-Zip: ST. PETERSBURGH, FL 33714 US

Title: 2VP (X) Change ( ) Addition  
Name: PITTMAN, DONNY  
Address: 2705 RAEFORD COURT  
City-St-Zip: ORLANDO, FL 32806

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: JACK D. MCSTRAVIC

TRES

01/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date