

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

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 718055

1. Entity Name
**JACKSONVILLE MECHANICAL CONTRACTORS
ASSOCIATION, INC.**



Principal Place of Business

**489 STEVENS STREET
JACKSONVILLE, FL 32254 US**

Mailing Address

**489 STEVENS STREET
JACKSONVILLE, FL 32254 US**



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7159813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLANCE, WAYNE D
1725 BLANDING BLVD
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WOOD, MICHAEL W
6640 ARLINGTON RD N
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
KEARNS, JEFFREY A
1069 SECRET OAKS PLACE
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CLARK, BENJAMIN H
2572 EDISON AVENUE
JACKSONVILLE, FL 32204**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000253342
03/07/05-80029-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Wood

3/2/05

904/781-2112

Date

Daytime Phone #