
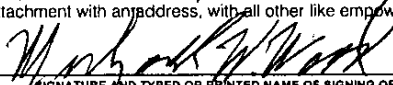


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90025 045 \*\*\*\*61.25

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| <b>DOCUMENT # 718055</b><br>1. Entity Name<br><b>JACKSONVILLE MECHANICAL CONTRACTORS ASSOCIATION, INC.</b>   |                                 |   |   |  |  |
| Principal Place of Business<br><b>489 STEVENS STREET<br/>JACKSONVILLE, FL 32254 US</b>   |                                 |   | Mailing Address<br><b>489 STEVENS STREET<br/>JACKSONVILLE, FL 32254 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                                 | City & State  |   |   |  |
| Zip  | Country                         | Zip   | Country   |   |  |
| 4. FEI Number<br><b>23-7159813</b>   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   | <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOLBROOK, H. LEON III<br/>ONE INDEPENDENT DR, STE 2301<br/>JACKSONVILLE, FL 32202</b>  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |   |   |   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2007</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |                                 |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE  | PD                              | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | WOOD, MICHAEL W                 |   | NAME  |   |  |
| STREET ADDRESS   | 6640 ARLINGTON RD N             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32211          |   | CITY-ST-ZIP   |   |  |
| TITLE  | VD                              | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | KEARNS, JEFFREY A               |   | NAME  | KEARNS, JEFFREY A.  |  |
| STREET ADDRESS   | 1069 SECRET OAKS PLACE          |   | STREET ADDRESS  | P.O. BOX 57306  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32259          |   | CITY-ST-ZIP   | JACKSONVILLE, FL 32241  |  |
| TITLE  | SD                              | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | CLARK, BENJAMIN H               |   | NAME  |   |  |
| STREET ADDRESS   | 2572 EDISON AVENUE              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32204          |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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. |                                 |   |   |   |  |
| <b>SIGNATURE:</b>   |                                 | <b>MICHAEL W. WOOD</b>  |   | <b>2/7/2007 904/781-2112</b>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |