2007 NOT-FOR-PROFIT CORPORATION

Mailing Address

ANNUAL REPORT (AR)

DOCUMENT # 736091

1. Entity Name

Principal Place of Business

FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS, INC.



FILED Mar 05, 2007 8:00 am **Secretary of State**

03-05-2007 90071 025 ****61.25

1st MOORE

315 MELODY LANE P O BOX 180458 CASSELBERRY FL 32707-3256 315 MÉLODY LANE P O BOX 180458 CASSELBERRY FL 32718 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1446521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FICARROTTO, JANICE Street Address (P.O. Box Number is Not Acceptable) 315 MELODY LANE P.O. BOX 458 CASSELBERRY FL 32707 City 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (Change TITLE TITLE Delete Addition Ken Cross NAME CAUTHEN, MIKE NAME 315 W. melady LANE STREET ADDRESS STREET ADDRESS 315 MELODY LANE CITY ST-7(P CITY-ST-7IP CASSELBERRY FL 32707-3256 🕱 Change TITLE **D**elete TITLE Addition MIKE CAUTHEN NAME NAME CROSS, KEN STREET ADDRESS STREET ADDRESS 315 MELODY LANE 315 W. melody LAME-USSIDERRY CL 32707 CITY-ST-ZIP CASSELBERRY FL 32707-3258 CITY-ST-ZIP Delele THIE Change TITLE Addition NAME NAME JOYNER, HUSTON JR STREET ADDRESS STREET ADDRESS 315 MELODY LN. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707-3256 Delele TITLE TITLE Change Addition NAME NAME SANDERS, JEFF STREET ADORESS STREET ADDRESS 315 MELODY LN. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707-3256 ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME QUIGLEY, TIM STREET ADDRESS STREET ADDRESS 315 MELODY LN CITY-ST-ZIP CASSELBERRY FL 32707-3256 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FICARROTTO, JANICE NAME STREET ADDRESS STREET ADDRESS 315 MELODY LANE CITY-ST-ZIP CASSELBERRY FL 32707-3256 CITY-S1-ZIF

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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.