2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736933

FILED Feb 22, 2008 Secretary of State

Entity Name: SARASOTA COUNTY PLUMBING, HEATING & COOLING CONTRACTORS, INC.

Current Principal Place of Business: New Principal Place of Business: 3860 MALEC CIRCLE SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 3860 MALEC CIRCLE SARASOTA, FL 34233 FEI Number: 59-1691895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLF, JON G SECT 4541 LAKE VISTA DR SARASOTA, FL 34233 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIZI, BOB Name: Name: 5671 DEREK AVE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WOLF, JON Name: Address: 4541 LAKE VISTA DR Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: () Change () Addition PEZZELLA, MARIO Name: Name: 3860 MALEC CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LETTERMAN, ROBERT Name: Address: 164 GANTT RD Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, TERRY Name: Name: 1606 EAST AVE Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIO PEZZELLA TD 02/22/2008