2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 16, 2008 8:00 am Secretary of State **DOCUMENT #743758** 05-16-2008 90019 043 ****61.25 1. Entity Name FLORIDA ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS, INC. Principal Place of Business Mailing Address 2911 LAKEVIEW DRIVE 2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730 CASSELBERRY, FL 32730 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 466 94th Avenue North 466 94th Avenue North Suite, Apt. #, etc. Suite, Apt. #, etc. 05052008 CR2E037 (12/06) Chg-NP Applied For City & State City & State 4. FEI Number St. Petersburg, FL 59-0630908 St. Petersburg, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33702 33702 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cheryl Harris TIRADO: RUTH Street Address (P.O. Box Number is Not Acceptable) 2911 LAKEVIEW DRIVE 466 94th Avenue North CASSELBERRY, FL 32730 City St. Petersburg 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 agen Cheryl Harris, Executive Director 5/5/2008 SIGNATURE DATE Signature, typed or pri d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 X Delete **X** Addition Change TITLE TITI F WOODS, TERRY J Vail, Kirk NAME NAME STREET ADDRESS 4701 29th Avenue S. 300 THORNHILL ESTATES COURT STREET ADDRESS CITY-ST-ZIP Gulfport, FL 33711 CITY-ST-7IP WINTER HAVEN, FL 33880 Delete XI Change ☐ Addition TITLE TITLE Riccardi, Emilio RICCARDI, EMILIO NAME NAME 2950 NW Commerce Park Dr. P.O. BOX 740164 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33474 CITY-ST-ZIP Boyton Beach, FL 33426 PE VΡ TITLE ☐ Delete TITLE X Change Addition MARGIE, SMITH S Smith, Margie Sue NAME STREET ADDRESS 901 NORTH WASHINGTON BLVD. STREET ADDRESS 1606 N. East Avenue CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP Sarasota, FL 34237 X Delete TITLE ☐ Change ☐ Addition TITLE WARREN, RUSSELL NAME 1191 S. OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 Delete ☐ Change ☐ Addition TITLE TITLE MASLO, ROBERT NAME NAME 7987 63RD STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK, FL 33781 🛚 Delete ☐ Change ☐ Addition TITLE TITLE NAME TIRADO, RUTH NAME STREET ADDRESS 2911 LAKEVIEW DRIVE STREET ADDRESS CASSELBERRY, FL 32730 12. Thereby certify that the information supplied with this filling 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 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date