

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90088 021 ****61.25

DOCUMENT # 762544

1. Entity Name

FLORIDA WALL AND CEILING CONTRACTORS'
ASSOCIATION, INC.



Principal Place of Business

315 MELODY LANE
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 180458
CASSELBERRY FL 32718
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2370041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FICAROTTO, JANICE
315 MELODY LN
CASSELBERRY FL 32718

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FICAROTTO, JANICE	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARMELE, DAN	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHRIS, MURPHY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GIBBONS, TOM	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STUDSTILL, BILL	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS MURPHY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL STUDSTILL	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG WACHTEL	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK DALLMANN	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Janice Ficarotto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40032030



1st MOORE

CR2E037 (10/04)

2/15/05 407-260-1313