



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

03-05-2007 90070 001 ****61.25

DOCUMENT # 762544				Secretary of State	
1. Entity Name FLORIDA WALL AND CEILING CONTRACTORS' ASSOCIATION, INC.				03-05-2007 90070 001 ****61.25	
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 - No P.O. Box #		3. Mailing Address		1st MOORE CR2E037 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2370041	
City & State		City & State		Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FICARROTTO, JANICE 315 MELODY LN CASSELBERRY FL 32718				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICARROTTO, JANICE		NAME		
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, CHRIS		NAME	DOUG WACHTEL	
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS	315 W. MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDSTILL, BILL		NAME		
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTEL, DOUG		NAME	KEVIN BARNHART	
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS	315 W MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLMAN, PATRICK		NAME	PATRICK DALLMAN	
STREET ADDRESS	315 MELODY LANE		STREET ADDRESS	315 W MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MIKE		NAME	MIKE HAMILTON	
STREET ADDRESS	315 MELODY LN		STREET ADDRESS	315 W MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	

12. I hereby certify that the information supplied with this filing 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.

ATTACHMENT

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762544

February 22, 2007

Florida Department of State

I have attached a copy of the Annual Report with the check. We submitted the original report to you but did not submit the checks at the time we mailed the original report. Please excuse our mistake. If you have further questions please contact me at 407-260-1313.

Thank you,



Rhonda Jenot
Office Manager