2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N00000003187

Entity Name: MECHANICAL CONTRACTORS' ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

550 N REO ST
300
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

550 N REO ST
300
TAMPA, FL 33609

New Mailing Address:

FEI Number: 65-1010173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIEMANN, ROBERT W
17720 CANAL COVE CT
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	TIEMANN, ROBERT W	
Address:	17720 CANAL COVE CT	
City-St-Zip:	FORT MYERS BEACH, FL 33931	
Title:	D	( ) Delete
Name:	DICKENSON, RICHARD	
Address:	3102 CHERRY PALM DR 170	
City-St-Zip:	TAMPA, FL 33619	
Title:	P	( ) Delete
Name:	FAGGION, ART	
Address:	1715 WEST LEMON ST	
City-St-Zip:	TAMPA, FL 33634	
Title:	VP	( ) Delete
Name:	MCLAIN, TOM	
Address:	2405 E 4TH AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	CRAIG, JOHN	
Address:	PO BOX 60268	
City-St-Zip:	ST. PETERSBURG, FL 33784	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: ROBERT W TIEMANN D 04/21/2009

Electronic Signature of Signing Officer or Director — Date