

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003187

FILED  
Mar 09, 2011  
Secretary of State

**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  
Name: TIEMANN, ROBERT W  
Address: 17720 CANAL COVE CT  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D  
Name: DISOTELLE, KEVIN  
Address: 3102 CHERRY PALM DR 170  
City-St-Zip: TAMPA, FL 33619

Title: P  
Name: FAGGION, ART  
Address: 1715 WEST LEMON ST  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: MCLAIN, TOM  
Address: 2405 E 4TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: D  
Name: CRAIG, JOHN  
Address: PO BOX 60268  
City-St-Zip: ST. PETERSBURG, FL 33784

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W TIEMANN

SECY

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date