

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005211

1. Entity Name
FLORIDA INDUSTRIAL PRETREATMENT ASSOCIATION, INC.



Principal Place of Business 205 MEADOWCROSS DRIVE SAFETY HARBOR, FL 34695	Mailing Address 205 MEADOWCROSS DRIVE SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3736020	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARNELL, JOHN R
205 MEADOWCROSS DRIVE
SAFETY HARBOR, FL 34695**

**DO NOT WRITE
IN THIS SPACE**

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 rechartering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BURGESS A 4548 VICTORY DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALERNO, PAUL 817 OAK ST. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OUELLETTE, KIMBERLY 1635 3RD AVE. NORTH SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARNELL, JOHN R 205 MEADOWCROSS DRIVE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06-80004-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: JOHN PARNELL 3/3/06 727-725-1574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #