

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

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DOCUMENT # N03000002333					
1. Entity Name ORLANDO CHAPTER NO. 22 OF THE PROFESSIONAL CONSTRUCTION ESTIMATORS OF AMERICA, INC.					
Principal Place of Business 6025 MARGIE CT ORLANDO, FL 32807			Mailing Address P.O. BOX 1669 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 43-2003594	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRETT, ALFRED O 6025 MARGIE CT ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name <u>Alfredo O. Barrett, Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>6025 Margie Court</u> City <u>Orlando</u> FL Zip Code <u>32807</u>		
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 <u>Alfredo O. Barrett, Jr</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Treasurer</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/13/08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P MCNEIL, LEE 2301 SILVER STAR ROAD ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAMPER, MONICA 22 NORTH DOLLINS DRIVE AVENUE ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOUCHTON, MARK 160 CANDACE DRIVE MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARROTT, ALFREDO O JR 6025 MARGIE CT ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, GEORGE 495 NORTH KELLER ROAD, SUITE 101 ORLANDO, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDARINE, ROBERT 8529 SOUTH PARK CIRCLE, SUITE 320 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President <u>Mark Touchton</u> <u>1510 East Colonial Drive, Suite 100</u> <u>Orlando, FL 32803</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Elect <u>Leslie Kittrell</u> <u>651 Danville Drive, Suite 101</u> <u>Orlando, FL 32825</u>				
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: <u>Alfredo O. Barrett, Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/13/08</u> <small>Date</small>		<u>(407) 929-3082</u> <small>Daytime Phone #</small>	