## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010761

FILED Apr 22, 2008 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PLUMBING, GAS & MECHANICAL INSPECTORS, INC SOUTHWEST

**CHAPTER** 

Current Principal Place of Business: New Principal Place of Business:

2800 NORTH HORSESHOE DR 2800 NORTH HORSESHOE DR

RM 610 ATTN BOB GAREE NAPLES, FL 34104 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

111 22ND ST S E 2800 NORTH HORSESHOE DR

NAPLES, FL 34117 ATTN BOB GAREE NAPLES, FL 34104

FEI Number: 65-0215426 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEMENTS, EVELYN V 111 22ND ST S E NAPLES, FL 34117 U

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:

Clashesia Oiseachus of Desishes d Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 CLEMENTS, JOHN M
 Name:
 CLEMENTS, JOHN M

 Address:
 111 22ND ST S E
 Address:
 111 22ND ST S E

 City-St-Zip:
 NAPLES, FL 34117
 NAPLES, FL 34117

Title: VP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ASHBY, WES
 Name:
 ASHBY, WES

 Address:
 4881 WEST BLVD
 Address:
 4881 WEST BLVD

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34103

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NARGI, PAUL
 Name:

 Address:
 14500 TAMIAMI TRL EAST
 Address:

 City-St-Zip:
 NAPLES, FL 34114
 City-St-Zip:

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GAREE, ROBERT
 Name:

 Address:
 233 PALMETTO DUNES CIRCLE
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 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: JOHN CLEMENTS D 04/22/2008