

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010761

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

2800 NORTH HORSESHOE DR
ATTN BOB GAREE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2800 NORTH HORSESHOE DR
ATTN BOB GAREE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0215426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, EVELYN V
111 22ND ST S E
NAPLES, FL 34117 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: CLEMENTS, JOHN M
Address: 111 22ND ST S E
City-St-Zip: NAPLES, FL 34117

Title: P () Delete
Name: ASHBY, WES
Address: 4881 WEST BLVD
City-St-Zip: NAPLES, FL 34103

Title: SEC () Delete
Name: NARGI, PAUL
Address: 14500 TAMiami TRL EAST
City-St-Zip: NAPLES, FL 34114

Title: TRES () Delete
Name: GAREE, ROBERT
Address: 233 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HOOKER, EARL
Address: 4881 WEST BLVD
City-St-Zip: NAPLES, FL 34103

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: JOHN CLEMENTS

DIR

02/18/2009

Electronic Signature of Signing Officer or Director

Date