

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90026 042 ****61.25

DOCUMENT # N93000001642

1. Entity Name
**POLK COUNTY ASSOCIATION OF PLUMBING, HEATING,
AND COOLING CONTRACTORS, INC.**



Principal Place of Business
700 KENSINGTON ST
LAKELAND, FL 33803 US

Mailing Address
PO BOX 553
LAKELAND, FL 33802 US

54020309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3204893

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRITTON, CHARLES P
5300 SOUTH FLORIDA AVE.
LAKELAND, FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **MURPHY, KEVIN**
STREET ADDRESS **215 FARMER BROWN RD**
CITY-ST-ZIP **LAKELAND, FL**

TITLE **ST/D** ☒ Change ☐ Addition
NAME **Murphy, Kevin**
STREET ADDRESS **2118 Wildwood Lane**
CITY-ST-ZIP **Auburnlake, FL. 33823**

TITLE **D** ☐ Delete
NAME **GARBER, SAM**
STREET ADDRESS **3837 PROGRESS DR**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KONTNY, WARREN J**
STREET ADDRESS **1815 STERLING DRIVE**
CITY-ST-ZIP **LAKELAND, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, DAVID**
STREET ADDRESS **700 KENSINGTON ST**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** ☐ Delete
NAME **WOODS, TERRY S**
STREET ADDRESS **36 SPIRIT LAKE RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33380**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
NAME **Hibbard, C. Paul**
STREET ADDRESS **5036 FAIRFAX W.**
CITY-ST-ZIP **Lakeland, FL.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin R. Murphy

Date

3/18/04

Daytime Phone #

863/667-2600