

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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**



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3204893

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MURPHY, KEVIN
2118 WILDWOOD LANE
AUBURNDAL, FL 33823**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODS, TERRY S
36 SPIRIT LAKE RD
WINTER HAVEN, FL 33360**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HIBBARD, C PAUL
5036 FAIRFAX W
LAKELAND, FL**

000000307381
04/15/05-80054-007 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 exemption stated in Section 119.07(3)(f), 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:

Kevin R. Murphy **Kevin R. Murphy**

4/12/05

863/867-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #