


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001642 1. Entity Name POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AND COOLING CONTRACTORS, INC.	
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Principal Place of Business 700 KENSINGTON ST LAKELAND, FL 33803 US	Mailing Address PO BOX 553 LAKELAND, FL 33802 US
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3204893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRITTON, CHARLES P 5300 SOUTH FLORIDA AVE. LAKELAND, FL 33813

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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.

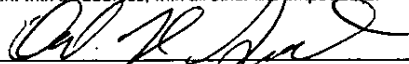
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000572215 07/25/06-80020-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, KEVIN 2118 WILDWOOD LANE AUBURNDALE, 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 33380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIBBARD, C PAUL 5036 FAIRFAX W LAKELAND, FL

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____