

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 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**



02202008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000837273
03/04/08-80048-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MURPHY, KEVIN
STREET ADDRESS	2118 WILDWOOD LANE
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	D
NAME	GARBER, SAM
STREET ADDRESS	3837 PROGRESS DR
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	KONTNY, WARREN J
STREET ADDRESS	1815 STERLING DRIVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	SMITH, DAVID
STREET ADDRESS	700 KENSINGTON ST
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	WOODS, TERRY S
STREET ADDRESS	36 SPIRIT LAKE RD
CITY-ST-ZIP	WINTER HAVEN, FL 33380
TITLE	PD
NAME	HIBBARD, C PAUL
STREET ADDRESS	5036 FAIRFAX W
CITY-ST-ZIP	LAKELAND, FL

**DO NOT WRITE
IN THIS SPACE**

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:

David Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08

863-669-1905

Date

Daytime Phone #