


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

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005821 1. Entity Name PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.	
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Principal Place of Business 4943 NW 50TH COURT COCONUT CREEK, FL 33073 US	Mailing Address POST OFFICE BOX 590474 FT. LAUDERDALE, FL 33359-0474
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7025802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CZYZ, JENNY 4943 NE 50TH COURT COCONUT CREEK, FL 33073
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**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: <u><i>Jenny Czyz</i></u> <i>Jenny Czyz</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000364436 05/06/05-80043-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERNEY, PATRICK 320 SE 16TH AVENUE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD 5126 CHARDONAY DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, KENNETH F 3420 NE 13TH TERR. POMPAN0 BCH., FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, JAMES 26 N.E. FIRST CT. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: <u><i>Richard A Smith</i></u> <i>Richard A Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/2/05 954-748-7893 <small>Date Daytime Phone</small>