


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90020 040 \*\*\*\*61.25

**DOCUMENT # N99000005012**

1. Entity Name  
 FLORIDA PIPE TRADES COUNCIL, INC.



Principal Place of Business  
 13185 NW 45 AVE  
 OPA LOCKA, FL 33054

Mailing Address  
 13185 NW 45 AVE  
 OPA LOCKA, FL 33054


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

40093011



05302006 Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-6209635

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEINER, RICHARD M  
 333 W UNIVERSITY DRIVE  
 SUITE A  
 DAVIE, FL 33024

*See Address Change* →

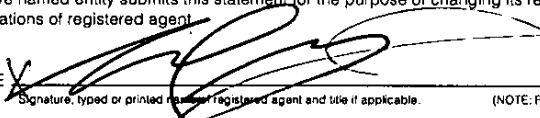
7. Name and Address of New Registered Agent

Name **RICHARD M. WEINER**

Street Address (P.O. Box Number is Not Acceptable)  
**7479 N.W. 4TH STREET**

City **PLANTATION** FL Zip Code **33317**

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 **07-10-06**

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRUCKS, PHIL	
STREET ADDRESS	14105 NW 58TH COURT	
CITY - ST - ZIP	MIAMI, FL 33014	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CALDER, ROBERT	
STREET ADDRESS	2502 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCOTT, KENNETH E JR	
STREET ADDRESS	13185 NW 45TH AVE	
CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 empowers.

SIGNATURE:  DATE: **7/10/06** DAYTIME PHONE #: **305-681-8596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR