


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 719789 1. Entity Name FLORIDA WEST COAST TROWEL TRADES JATC BUILDING CORPORATION, INC.							
Principal Place of Business -		Mailing Address					
4502 W MARTIN L KING JR BLVD TAMPA FL 33614 US		4502 W MARTIN L KING JR BLVD TAMPA FL 33614 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
PETERSON, MARK H 472 33 AVE. N. ST. PETERSBURG FL 33704		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
		City	FL	Zip Code			
4. FEI Number 59-1300207 <table style="float: right; border: 1px solid black;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>				Applied For		Not Applicable	
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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 reinstating)					
FILE NOW: FEE IS \$61.25. Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMITH, BARRY	NAME					
STREET ADDRESS	9108 SW. 137 TERR. 3-C	STREET ADDRESS	U00000638982				
CITY - ST - ZIP	MIAMI FL 33176	CITY - ST - ZIP	02/23/07-80007-025 61.25				
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PETERSON, MARK H	NAME					
STREET ADDRESS	472 33 AVE. N.	STREET ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG FL	CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TAYLOR, H PRESTON	NAME					
STREET ADDRESS	SUTTON WOODS DR	STREET ADDRESS					
CITY - ST - ZIP	PLANT CITY FL 33567	CITY - ST - ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOVING, RANNY	NAME					
STREET ADDRESS	10221 VALLE DRIVE	STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PETERSON, MARK H.	NAME					
STREET ADDRESS	472 33RD AVE NORTH	STREET ADDRESS					
CITY - ST - ZIP	ST PETERSBURG FL	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mark Peterson</i> MARK PETERSON		Date: 2-14-07 Daytime Phone #: 813 879-2521					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date					



1st MOORE CR2E037 (10/06)