

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437818

FILED
Apr 04, 2009
Secretary of State

Entity Name: TRADITIONAL CONTRACTORS COMPANY

Current Principal Place of Business:

180 TOLLGATE BRANCH
PO BOX 1761
LONGWOOD, FL 32750

New Principal Place of Business:

180 TOLLGATE BRANCH
LONGWOOD, FL 32750

Current Mailing Address:

180 TOLLGATE BRANCH
P O BOX 521761
LONGWOOD, FL 327521761 US

New Mailing Address:

FEI Number: 59-1498923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN, JOHN
500 HWY 17-92
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUGHRAN, NADINE,
Address: 180 TOLLGATE BRANCH
City-St-Zip: LONGWOOD, FL

Title: T () Delete
Name: LOUGHRAN, NADINE,
Address: 180 TOLLGATE BRANCH
City-St-Zip: LONGWOOD, FL

Title: DVP () Delete
Name: LOUGHRAN, LEO J
Address: 180 TOLLGATE BRANCH
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: LOUGHRAN, NADINE M.,
Address: 180 TOLLGATE BRANCH
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO J. LOUGHRAN

DVP

04/04/2009

Electronic Signature of Signing Officer or Director

Date