

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702339

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER ASSOCIATED BUILDERS & CONTRACTORS, INC.

Current Principal Place of Business:

2008 NORTH HIMES AVENUE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2008 NORTH HIMES AVENUE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1235851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONA, STEVE P JR.
2008 NORTH HIMES AVENUE
TAMPA, FL 33607 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JIMENEZ, CHRIS
Address: 13952 LYNMAR BLVD.
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: WISE, LOUIS III
Address: 737 S.W. 57TH AVENUE
City-St-Zip: OCALA, FL 344749315

Title: D () Delete
Name: CACINI, JAMES
Address: 620 DREW STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: VISLAY, JOE
Address: P.O.BOX 10368
City-St-Zip: TAMPA, FL 33679

Title: D () Delete
Name: CANTO, FRANK
Address: 4801 59TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337141024

Title: P () Delete
Name: CONA, STEVE P JR.
Address: 2008 NORTH HIMES AVENUE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANDERSON, DAVID
Address: ONE NORTH DALE MABRY #820
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: OLMSTED, JACK
Address: 5910 HARTFORD ST.
City-St-Zip: TAMPA, FL 33619

Title: D (X) Change () Addition
Name: VISLAY, JOE
Address: 13830-58TH ST. NORTH, #401
City-St-Zip: CLEARWATER, FL 33760

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE P.CONA, JR.

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date