
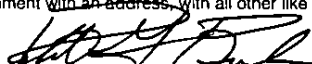


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90198 013 ****61.25

DOCUMENT # 712344 1. Entity Name FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.					
Principal Place of Business 1007 E. DESOTO PARK DR., STE. 200 P.O. BOX 1208 TALLAHASSEE, FL 32301			Mailing Address 1007 E. DESOTO PARK DR., STE. 200 P.O. BOX 1208 TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0551642	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURLESON, ROBERT G 1007 E DESOTO PAR DR STE 200 P.O. BOX 1208 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	IPCD	<input checked="" type="checkbox"/> Delete	TITLE	S.T. Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, BOB		NAME	Jeff Nelson	
STREET ADDRESS	5201 CONE RD		STREET ADDRESS	3483 Alternate 19	
CITY-ST-ZIP	TAMPA, FL 33680		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURLESON, ROBERT G		NAME		
STREET ADDRESS	1007 E DESOTO PARK DR ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLEY, IGNACIO		NAME		
STREET ADDRESS	14005 NORTHWEST 186 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALICE, RASMUSSEN		NAME		
STREET ADDRESS	3010 NE 45TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, JERRY		NAME		
STREET ADDRESS	3701 LITTLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	IPCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COXWELL, JOHN B		NAME		
STREET ADDRESS	6744 CLOUD RD WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		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 empowered.					
SIGNATURE: 			11/2/06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			850-942-1404 Daytime Phone #		