

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90106 014 ****61.25

DOCUMENT # 718133					
1. Entity Name TAMPA AREA ELECTRICAL JOINT APPRENTICESHIP AND TRAINING TRUST FUND BUILDING CORPORATION, INC.					
Principal Place of Business TRAINING TRUST FUND BUILDING CORP., INC. 5625 HARNEY ROAD TAMPA, FL 33610			Mailing Address TRAINING TRUST FUND BUILDING CORP., INC. 5625 HARNEY ROAD TAMPA, FL 33610		
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 59-1271446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCRAW, DAVID 5625 HARNEY RD TAMPA, FL 33610				7. Name and Address of New Registered Agent 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 <u>David McCraw</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>David McCraw, Director</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2-21-06</u> <small>DATE</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 D NAME DEVER, JR, WILLIAM STREET ADDRESS 2810 OLAVET CT CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE CD NAME Scott Barber STREET ADDRESS c/o Ken Robinson of FLA / Division of White Elect. CITY-ST-ZIP P.O. Box 75302 Tampa, FL 33675	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME MCCRAW, DAVID STREET ADDRESS 5625 HARNEY RD CITY-ST-ZIP TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME AUSTIN, JAMES E STREET ADDRESS 906 HILLGROVE LANE CITY-ST-ZIP AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE D NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KING, RANDALL STREET ADDRESS 4025 TANNER ROAD CITY-ST-ZIP DOVER, FL 33527	<input type="checkbox"/> Delete		TITLE STD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME WILSON, DAVID STREET ADDRESS 2098 6TH AVE EAST CITY-ST-ZIP BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		TITLE D NAME Don Canty, Jr. STREET ADDRESS 7606 Log House Road CITY-ST-ZIP Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME COOK, JOHN STREET ADDRESS 2730 S FALKENBURG RD CITY-ST-ZIP RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete		TITLE D NAME Raymond Dykes STREET ADDRESS c/o Ken Robinson of FLA / Division of White Elect. CITY-ST-ZIP P.O. Box 75302 Tampa, FL 33675	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>David McCraw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>David McCraw</u> <small>Date</small>		<u>2/21/06 (913) 621-3002</u> <small>Daytime Phone #</small>	

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