

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 723000

1. Entity Name

FLORIDA STATE BUILDING AND CONSTRUCTION
TRADES COUNCIL, INC



Principal Place of Business

104 W. JEFFERSON ST
TALLAHASSEE, FL 32301 US

Mailing Address

104 W. JEFFERSON ST
TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1396740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, R. MICHAEL
104 W. JEFFERSON ST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, R. MICHAEL
STREET ADDRESS	104 W. JEFFERSON ST
CITY - ST - ZIP	TALLAHASSEE, FL 32301
TITLE	VPD
NAME	WATERS, GARY
STREET ADDRESS	16125 NW 36TH ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	STD
NAME	IRVINE, LEONARD
STREET ADDRESS	104 W. JEFFERSON STREET
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

U00000752386
05/21/07-80014-012 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R Michael Williams

4-30-07

8502244440