

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2008
Secretary of State

DOCUMENT# 730775

Entity Name: TRI-COUNTY SPECIALTY CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

HILTON GARDEN INN
COLLEGE PARKWAY
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7142
FORT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 59-1965993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUISZER, JACK
9470 BALSAC COURT
SANIBEL, FL 33957 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: PRES () Delete
Name: TROYER, SAM
Address: P.O. BOX 150490
City-St-Zip: CAPE CORAL, FL 33915 US

Title: D () Delete
Name: NEMETH, JOE
Address: 17371 ALICO CENTER ROAD
City-St-Zip: FORT MYERS, FL 33912 US

Title: D () Delete
Name: TROYER, BRAD
Address: 1227 SE 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D () Delete
Name: BARNES, WILLIAM
Address: 1905 N. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33903 US

Title: TREA () Delete
Name: SMITH, MATT
Address: POST OFFICE BOX 6187
City-St-Zip: FORT MYERS, FL 33911 US

Title: D () Delete
Name: MANERI, JOSEPH SR
Address: POST OFFICE BOX 7142
City-St-Zip: FT MYERS, FL 33911 US

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

SIGNATURE: JOHN LUISZER

ED

09/06/2008

Electronic Signature of Signing Officer or Director

_____ Date