2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730775

FILED Apr 21, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

HILTON GARDEN INN 13830 JETPORT COMMERCE PARKWAY

COLLEGE PARKWAY SUITE 5

FT. MYERS, FL 33908 US FT. MYERS, FL 33913

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 7142 13830 JETPORT COMMERCE PARKWAY

FORT MYERS, FL 33911 US SUITE 5

FT. MYERS, FL 33913 US

FEI Number: 59-1965993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUISZER, JACK SMITH, MATTHEW 9470 BALSA COURT 9470 IVY BROOK RUN #805 SANIBEL, FL 33957 US FORT MYERS, FL 33913

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: MATTHEW SMITH 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete

TROYER, SAM Name: SMITH MATTHEW Name:

P.O. BOX 150490 Address: 8891 BRIGHTON LANE #107 Address: BONITA SPRINGS, FL 34135 US City-St-Zip: CAPE CORAL, FL 33915 US City-St-Zip:

Title: Title: (X) Change () Addition () Delete

NEMETH, JOE Name: MENARI, JOSEPH Name:

Address: 17371 ALICO CENTER ROAD Address: PO BOX 7142 City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: FORT MYERS, FL 33911 US

() Delete Title: SEC

Title: (X) Change () Addition TROYER, BRAD DZLINSKI, EUGENE Name: Name:

13880 TREELINE AVE S # 6 Address: 1227 SE 9TH TERRACE Address: City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip: FORT MYERS, FL 33913 US

Title: (X) Delete Title: () Change () Addition

Name: BARNES, WILLIAM Name: Address: 1905 N. TAMIAMI TRAIL Address: City-St-Zip: FORT MYERS, FL 33903 US City-St-Zip:

Title: **TREA** (X) Delete Title: () Change () Addition

SMITH, MATT Name: Name: POST OFFICE BOX 6187 Address: Address: City-St-Zip: FORT MYERS, FL 33911 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MANERI. JOSEPH SR Name: Name: Address: POST OFFICE BOX 7142 Address: FT MYERS, FL 33911 US City-St-Zip: 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: MATTHEW SMITH **PRES** 04/21/2009

Electronic Signature of Signing Officer or Director

Date