

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732992

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

7402 N. 56TH STREET  
SUITE 855  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

7402 N. 56TH STREET  
SUITE 855  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-1596340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TJADER, MISTY J  
7402 N. 56TH STREET  
STE 855  
TAMPA, FL 33617 US

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

TJADER, MISTY J  
7402 N. 56TH STREET  
SUITE 855  
TAMPA, FL 33617 US

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: MISTY TJADER

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: WACHMAN, KENNETH G  
Address: 6001 N. 50TH ST.  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: SHUTT, LINDA D  
Address: 3483 ALT HWY 19  
City-St-Zip: PALM HARBOR, FL 34683

Title: C ( ) Delete  
Name: HAAN, WILLIAM  
Address: 1263 12TH AVE E  
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete  
Name: KENNEDY, STEVEN  
Address: 8008 E SLIGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: VC ( ) Delete  
Name: THOMPSON, JACOB  
Address: 3910 GOLF PARK LP SUITE 4  
City-St-Zip: BRADENTON, FL 34203

Title: PC ( ) Delete  
Name: AKERS, BRUCE  
Address: 8008 E SLIGH AVE  
City-St-Zip: TAMPA, FL 33610

**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  
Name:  
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: STEVEN KENNEDY

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date