

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732992

FILED  
Feb 09, 2010  
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:**

36301 DELTA GOLD CT.  
ZEPHYRHILLS, FL 33541 US

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 2740  
ZEPHYRHILLS, FL 335392740 US

**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  
SUITE 855  
TAMPA, FL 33617 US

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

MCKENDREE, MISTY J  
36301 DELTA GOLD CT.  
ZEPHYRHILLS, FL 33541 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 MCKENDREE

02/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: WACHMAN, KENNETH G  
Address: 7905 BASELINE CT.  
City-St-Zip: TAMPA, FL 33637 US

Title: VC  
Name: RUNYAN, DAVID  
Address: 8011 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34638 US

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

Title: T  
Name: KENNEDY, STEVEN C  
Address: 8008 E SLIGH AVE  
City-St-Zip: TAMPA, FL 33610 US

Title: PC  
Name: HAAN, WILLIAM  
Address: P.O. BOX 1149  
City-St-Zip: PALMETTO, FL 34220 US

Title: D  
Name: AKERS, BRUCE M  
Address: 8008 E SLIGH AVE  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: MISTY MCKENDREE

RA

02/09/2010

Electronic Signature of Signing Officer or Director

Date