## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#733240** 

FILED Mar 06, 2007 Secretary of State

Entity Name: CENTRAL FLORIDA BUILDERS' EXCHANGE

**Current Principal Place of Business: New Principal Place of Business:** 340 N WYMORE ROAD WINTER PARK, FL 327892855 US **Current Mailing Address: New Mailing Address:** 340 N WYMORE ROAD WINTER PARK, FL 327892855 US FEI Number: 59-0529122 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: LARSON, TRUDI LARSON, TRUDI 340 NORTH WYMORE RD 340 NORTH WYMORE RD WINTER PARK, FL 32789 WINTER PARK, FL 327892855 US 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: 03/06/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition LARSON, TRUDI Name: Name: 340 N WYMORE RD Address: Address: City-St-Zip: WINTER PARK, FL 327892855 US City-St-Zip: Title: CH ( ) Delete Title: (X) Change ( ) Addition CH ELLIS, BILL Name: WETZEL, MICHAEL Name: Address: 765 BIG TREE DR Address: 9425 TRADEPORT DR City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: ORLANDO, FL 32827 US Title: VCH () Delete Title: VCH (X) Change ( ) Addition WETZEL, MICHAEL BUTLER, NATHAN Name: Name: 9425 TRADEPORT DR Address: Address: 820 IRMA AVE City-St-Zip: ORLANDO, FL 32827 US City-St-Zip: ORLANDO, FL 32803 US ( ) Delete Title: SEC Title: SEC (X) Change ( ) Addition Name: KLUNK, DICK Name: VICKERS, TIM 6701 EDGEWATER COMMERCE PKWY Address: 1936 LEE RD Address: WINTER PARK, FL 32789 US City-St-Zip: City-St-Zip: ORLANDO, FL 32810 US Title: TRS () Delete Title: () Change () Addition BEASLEY, DAVID Name: Name: 875 JACKSON AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRUDI LARSON PRES 03/06/2007