

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51542

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NATIONAL CONSTRUCTION ASSOCIATES, INC.

## Current Principal Place of Business:

5700 MEMORIAL HWY  
SUITE 114  
TAMPA, FL 33615 US

## New Principal Place of Business:

5700 MEMORIAL HWY  
SUITE 122  
TAMPA, FL 33615 US

## Current Mailing Address:

P.O. BOX 260744  
TAMPA, FL 336850744

## New Mailing Address:

FEI Number: 59-2318365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORTON, JOHN C.  
5823 SCHOONER WAY  
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: NORTON, JOHN S VP  
Address: 400 WELLINGTON AVE  
City-St-Zip: OLDSMAR, FL 34677

Title: STD ( ) Delete  
Name: THOMAS, KYNA N.,  
Address: 513 WARRICK ROAD  
City-St-Zip: CHESAPEAKE, VA 23322

Title: PRES ( ) Delete  
Name: NORTON, JOHN C  
Address: 5823 SCHOONER WAY  
City-St-Zip: TAMPA, FL 33615 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:

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

SIGNATURE: JOHN C. NORTON

PRES

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date