

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005351

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** PINELLAS COUNTY CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

4736 HAINES RD N  
ST. PETERSBURG, FL 33714 US

**New Principal Place of Business:**

770 N GROSSE AVE  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

4736 HAINES RD N  
ST. PETERSBURG, FL 33714 US

**New Mailing Address:**

P O BOX 17634  
CLEARWATER, FL 33762

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

THE COHRS LAW GROUP, P.A.  
1901 ULMEROTN RD.  
425  
CLEARWATER, FL 33762 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOUSH, JAMES  
Address: 770 N GROSSE AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP  
Name: MCCULLERS, DANIEL  
Address: 12087 62ND ST N, UNIT 5  
City-St-Zip: LARGO, FL 33773 US

Title: S  
Name: TRAN, MY-KIM  
Address: 13921 ICOT BLVD, STE 704  
City-St-Zip: CLEARWATER, FL 33760 US

Title: T  
Name: SHARP, TAMMY  
Address: 12883 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33764 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: MY-KIM TRAN

S

01/24/2011

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

\_\_\_\_\_  
Date