

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18759**

1. Entity Name  
**SOUTHWEST FLORIDA TRUSS MANUFACTURERS  
ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 3308  
N. FT. MYERS, FL 33918**

Mailing Address  
**POST OFFICE BOX 3308  
N. FT. MYERS, FL 33918**



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0729796**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PELLICCIONE, LARRY G  
3560 PALMETTO AVE.  
FORT MYERS, FL 33916**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWAIN, JIM 2160 ANDREA LANE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NILLES, MIKE 2333 MURPHY COURT NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUSHER, SHARON 7751 BAYSHORE RD. NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, SEAN 1720 COUCH DRIVE MCKINNEY, TX 75069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000308947  
04/16/05-80018-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-05 239-731-8300