


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18759</b> 1. Entity Name <b>SOUTHWEST FLORIDA TRUSS MANUFACTURERS ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>POST OFFICE BOX 3308 N. FT. MYERS, FL 33918</b>	Mailing Address <b>POST OFFICE BOX 3308 N. FT. MYERS, FL 33918</b>
---	---



02252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0729796</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PELLICCIONE, LARRY G 3560 PALMETTO AVE. FORT MYERS, FL 33916</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000842907  
03/11/08-80049-013 61.25

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 DUSHEK, 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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sharon Dushek SHARON DUSHEK 2-25-08 731-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #