2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N18759

Entity Name: SOUTHWEST FLORIDA TRUSS MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 3308
N. FT. MYERS, FL 33918

New Principal Place of Business:

SOUTHWEST FLORIDA
N. FT. MYERS, FL 33918

Current Mailing Address:

POST OFFICE BOX 3308
N. FT. MYERS, FL 33918

New Mailing Address:

FEI Number: 65-0729796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PELLICCIONE, LARRY G
3560 PALMETTO AVE.
FORT MYERS, FL 33916 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: PD ( ) Delete
Name: SWAIN, JIM
Address: 2160 ANDREA LANE
City-St-Zip: FT. MYERS, FL 33912

Title: VD ( ) Delete
Name: NILLES, MIKE
Address: 2333 MURPHY COURT
City-St-Zip: NORTH PORT, FL 34286

Title: TD ( ) Delete
Name: DUSHEK, SHARON
Address: 7751 BAYSHORE RD.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD ( ) Delete
Name: SMITH, SEAN
Address: 1720 COUCH DRIVE
City-St-Zip: MCKINNEY, TX 75069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FALIS, JOE
Address: 3670 COMMERCE DR
City-St-Zip: SEBRING, FL 33870

Title: VD (X) Change ( ) Addition
Name: GILBERT, MIKE
Address: 7751 BAYSHORE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD (X) Change ( ) Addition
Name: LOWMAN, MARLEENA
Address: 7751 BAYSHORE RD.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD (X) Change ( ) Addition
Name: LEVEY, JON
Address: 3214 W TACON
City-St-Zip: TAMPA, FL 33629

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

SIGNATURE: MARLEENA LOWMAN TD 05/06/2009

Electronic Signature of Signing Officer or Director — Date