

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000919

FILED
Jan 15, 2007
Secretary of State

Entity Name: WEST FLORIDA TRUSS ASSOCIATION, INC.

Current Principal Place of Business:

1975 20TH AVENUE SE
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1345
LARGO, FL 33779

New Mailing Address:

FEI Number: 59-3375464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASHMAN, RICHARD
P.O. BOX 1345
LARGO, FL 33779 US

Name and Address of New Registered Agent:

CASHMAN, RICHARD
1975 20TH AVENUE SE
LARGO, FL 33771 US

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:

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LA CHAPELLE, DOUG
Address: 8505 SUN STATE
City-St-Zip: TAMPA, FL 33634

Title: VD () Delete
Name: GOLEY, JOHN
Address: 8505 SUN STATE
City-St-Zip: TAMPA, FL 33634

Title: SD () Delete
Name: GAINES, RON
Address: 3214 W. TACON ST
City-St-Zip: TAMPA, FL 33627

Title: TD () Delete
Name: DEL VALLE, RALPH
Address: 13601 US HIGHWAY 41
City-St-Zip: SPRINGHILL, FL 34610

Title: PD () Delete
Name: CASHMAN, RICK
Address: P.O. BOX 1345
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: WALL, ROBERT
Address: 24710 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASHMAN, RICHARD
Address: P.O. BOX 1345
City-St-Zip: LARGO, FL 33779

Title: PD (X) Change () Addition
Name: GOLEY, JOHN
Address: 8505 SUN STATE
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEL VALLE, RALPH
Address: 13601 US HIGHWAY 41
City-St-Zip: SPRINGHILL, FL 34610

Title: TD (X) Change () Addition
Name: SANTOS, STEPHEN
Address: P.O. BOX 1345
City-St-Zip: LARGO, FL 33779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD CASHMAN

D

01/15/2007

Electronic Signature of Signing Officer or Director

Date