

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 011 ***150.00

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1. Entity Name
FLORIDA CONTRACTORS' SAFETY ASSOCIATION, INC.



Principal Place of Business
**1800 SECOND STREET
SUITE 909
SARASOTA, FL 34236**

Mailing Address
**1800 SECOND STREET
SUITE 909
SARASOTA, FL 34236**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
62-1503952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, RANDOLPH ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA, FL 33602**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **HARRIS, G. WAYNE**
STREET ADDRESS **1800 SECOND STREET, SUITE 909**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVS** ☐ Delete
NAME **HARKAVY, JON**
STREET ADDRESS **1501 WILSON BLVD., SUITE 1100**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **ROGERS, MICHAEL T**
STREET ADDRESS **1800 SECOND STREET, SUITE 909**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HUGHES, F I**
STREET ADDRESS **1093 CLUBHOUSE BLVD**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **GEORGE, DANIEL**
STREET ADDRESS **2608 89TH STREET NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **ROSS, HEATHER**
STREET ADDRESS **1500 WILSON BLVD, SUITE 1110**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #