

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067313

FILED
Apr 12, 2007
Secretary of State

Entity Name: FLORIDA CONTRACTORS' SAFETY ASSOCIATION, INC.

Current Principal Place of Business:

1800 SECOND STREET
SUITE 909
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 SECOND STREET
SUITE 909
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 62-1503952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HARRIS, G. WAYNE
Address: 1800 SECOND STREET, SUITE 909
City-St-Zip: SARASOTA, FL 34236

Title: DVS () Delete
Name: HARKAVY, JON
Address: 1501 WILSON BLVD., SUITE 1100
City-St-Zip: ARLINGTON, VA 22209

Title: DP () Delete
Name: ROGERS, MICHAEL T
Address: 1800 SECOND STREET, SUITE 909
City-St-Zip: SARASOTA, FL 34236

Title: DV () Delete
Name: HUGHES, F I
Address: 1093 CLUBHOUSE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: AS () Delete
Name: ROSS, HEATHER
Address: 1500 WILSON BLVD, SUITE 1110
City-St-Zip: ARLINGTON, VA 22209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP S (X) Change () Addition
Name: HARKAVY, JON
Address: 1501 WILSON BLVD., SUITE 1100
City-St-Zip: ARLINGTON, VA 22209

Title: DPT (X) Change () Addition
Name: ROGERS, MICHAEL T
Address: 1800 SECOND STREET, SUITE 909
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: LAITALA, CHRISTOPHER
Address: GPP, 165 MASON ST. 3RD FLOOR
City-St-Zip: GREENWICH, CT 06830

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

SIGNATURE: HEATHER ROSS

AS

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date