

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103172

Entity Name: CONTRACTOR'S ONE SPECIALTY TRADE ASSOCIATION, INC.**Current Principal Place of Business:**730 SW 4TH STREET #3
CAPE CORAL, FL 33991**Current Mailing Address:**730 SW 4TH STREET #3
CAPE CORAL, FL 33991 US**FEI Number: 27-1615848****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARMEAN, EDWARD R
730 SW 4TH STREET #3
CAPE CORAL, FL 33991 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	SALVAGIO, PHILLIP
Address	730 SW 4TH STREET #3
City-State-Zip:	CAPE CORAL FL 33991

Title	PRES
Name	SALVAGIO, PHILLIP
Address	730 SW 4TH STREET #3
City-State-Zip:	CAPE CORAL FL 33991

Title	VP
Name	SALVAGIO, PHILLIP
Address	730 SW 4TH STREET #3
City-State-Zip:	CAPE CORAL FL 33991

Title	CFO
Name	SALVAGIO, PHILLIP
Address	730 SW 4TH STREET #3
City-State-Zip:	CAPE CORAL FL 33991

Title	SEC
Name	SALVAGIO, PHILLIP
Address	730 SW 4TH STREET #3
City-State-Zip:	CAPE CORAL FL 33991

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP SALVAGIO**CEO****01/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date