

**2025 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**

**03/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date