

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700198

FILED
Apr 29, 2005
Secretary of State

Entity Name: ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1007 E. DESOTO PARK DR. (32301)
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1007 E. DESOTO PARK DR. (32301)
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-0809672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, JAMES M.
1007 E. DESOTO PARK DR.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITEHURST, WILLIAM
Address: 20551 NE 75TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ROBERTS, CHUCK III
Address: 22574 NE STATE ROAD 20
City-St-Zip: HOSFORD, FL 32334

Title: D () Delete
Name: BONNESS, JOE III
Address: 5590 SHIRLEY ST.
City-St-Zip: NAPLES, FL 33491

Title: P () Delete
Name: EVANS, WAYNE
Address: 1936 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: DONOFRIO, DAVE
Address: 1451 MYRTLE STREET
City-St-Zip: SARASOTA, FL 34234

Title: VP () Delete
Name: HORAN, MIKE
Address: 510 GENE GREEN ROAD
City-St-Zip: NOKOMIS, FL 342753624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Section 119.07(3)(i), 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: JAMES M. WARREN

ED

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date