

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700198

FILED
Mar 18, 2009
Secretary of State

Entity Name: ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1007 E. DESOTO PARK DR. (32301)
201
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1007 E. DESOTO PARK DR. (32301)
201
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 EXEC. D
1007 E. DESOTO PARK DR.
201
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: 1920 SEWARD AVE
City-St-Zip: NAPLES, FL 34109

Title: P () Delete
Name: SLADE, MICHAEL
Address: 101 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: DALE, LARRY
Address: P.O. BOX 910
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: HORAN, MICHAEL A
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
Name:
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SLADE

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date