


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90245 008 \*\*\*\*61.25

<b>DOCUMENT # 730331</b>	
1. Entity Name <b>ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.</b>	

Principal Place of Business <b>516 N. ADAMS STREET TALLAHASSEE FL 32301</b>	Mailing Address <b>PO BOX 10085 TALLAHASSEE FL 32302</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1541669</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SHEBEL, JON L. 516 NORTH ADAMS STREET TALLAHASSEE FL 32301</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: C NAME: ZAGORAC, MICHAEL JR STREET ADDRESS: 201 E KENNEDY BLVD., STE 1611 CITY-ST-ZIP: TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 13300 Indian Rocks Road #1204 CITY-ST-ZIP: Largo, FL 33774-2012	
TITLE: T NAME: MCRAE, ROBERT D STREET ADDRESS: 516 N ADAMS CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD NAME: SHEBEL, JON L. STREET ADDRESS: 516 N. ADAMS STREET CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: SD NAME: BISHOP, BARNEY T III STREET ADDRESS: 516 N. ADAMS ST CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: HINSON, CHARLES O III STREET ADDRESS: 101 N MONROE STREET SUITE 1060 CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 106 E. College Avenue, Suite 630 CITY-ST-ZIP: Tallahassee, FL 32301	
TITLE: VC NAME: WAYNE, DAVIS T STREET ADDRESS: 1910 SAN MARCO BLVD CITY-ST-ZIP: JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: T. Wayne Davis STREET ADDRESS: CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jon L. Shebel**      04/18/05      (850)224-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #