

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-01-2007 90022 034 ***150.00

DOCUMENT # 556199 1. Entity Name A & S ASSOCIATES, INC.					
Principal Place of Business 4806 N. MANHATTAN AVE TAMPA FL 33614			Mailing Address 13903 LAKE BLUFF CT. TAMPA FL 33624		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1787713	
Zip		Country		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PANTALEO, ANDREW C. 13903 LAKE BLUFF CT. TAMPA FL 33624			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ Signature, typed or printed name of registered agent and title is acceptable (NOTE: Electronic Agent signature required when available)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PANTALEO, ANDREW C. 13903 LAKE BLUFF CT. TAMPA FL ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD PANTALEO, CLARA 13903 LAKE BLUFF CT. TAMPA FL 33624 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KOTRANZA, STEVE 5111 AVE VENDOME LUTZ FL 33549 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: Andrew Pantaleo (ANDREW PANTALEO) 2-18-07 813 871 5310					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		