



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90336 032 \*\*\*\*61.25

<b>DOCUMENT # 758577</b> 1. Entity Name <b>ASSOCIATED INDUSTRIES OF FLORIDA</b>					
Principal Place of Business <b>516 N ADAMS ST TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>P. O. BOX 784 TALLAHASSEE, FL 32302 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-0148010</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BISHOP, BARNEY T III 516 N ADAMS ST TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KEESLER, ALLEN J JR 1345 SNELL HARBOR DRIVE NE ST PETERSBURG, FL 337043033	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SHEBEL, JON L 516 N ADAMS ST TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Michael A. Jennings 701 San Marco Blvd., 12th Floor Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, ROBERT W 2335 CAREFREE COVE TALLAHASSEE, FL 323085777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Edward F. Tancer 700 Universe Blvd. Juno Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, BARNEY T III 516 N ADAMS ST TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erika Lorenz Alba 601 Riverside Avenue Jacksonville, FL 32204-2901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARMAN, GUY M III 516 DELANNOY AVE COCOA, FL 329227814	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erika Lorenz Alba 601 Riverside Avenue Jacksonville, FL 32204-2901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, FERDINAND S 1975 W STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erika Lorenz Alba 601 Riverside Avenue Jacksonville, FL 32204-2901
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Barney T. Bishop III</b>			04/25/2008      (850) 224-7173 <small>Date      Daytime Phone #</small>		