


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 044 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 840359					
1. Entity Name NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.					
Principal Place of Business 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US		Mailing Address 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FET Number 36-2322620	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRIMAN, KLEIN 3595 SHERIDAN ST. #200 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRACKELTON, ROBERT REEVE		NAME		
STREET ADDRESS	9131 BCMUDEZ ST.		STREET ADDRESS		
CITY-ST-ZIP	PICO RIVERA, CA 90660		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETZER, WALLACE		NAME		
STREET ADDRESS	6223 W. DOUBLE EAGLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST VALLEY CITY, UT 84118		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERRIMAN, KLEIN		NAME		
STREET ADDRESS	3595 SHERIDAN ST STE 200		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLSON, CHRIS		NAME		
STREET ADDRESS	2305 DANIELS ST.		STREET ADDRESS		
CITY-ST-ZIP	MADISON, WI 53718		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUBERT, JAMES		NAME		
STREET ADDRESS	2300 MAGNOLIA RD		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23223		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALE, JACK		NAME		
STREET ADDRESS	W. 139, N 9499 HWY 145		STREET ADDRESS		
CITY-ST-ZIP	MENOMONEE FALLS, WI 530320250		CITY-ST-ZIP		
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.					
SIGNATURE: <u>Klein Merriman</u>		Klein MERRIMAN		3/25/08 954-893-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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