

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90078 003 \*\*\*\*61.25

**DOCUMENT # F01000005736**

1. Entity Name

CONCRETE SAWING & DRILLING ASSOCIATION, INC.



Principal Place of Business

11001 DANKA WAY NORTH  
SUITE 1  
ST. PETERSBURG FL 33716

Mailing Address

11001 DANKA WAY NORTH  
SUITE 1  
ST. PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1458058

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

O'BRIEN, PATRICK A  
11001 DANKA WAY NORTH, SUITE 1  
ST. PETERSBURG FL 33716

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

*ch 2344 2-14-06*

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TED	
STREET ADDRESS	PO BOX 4 GRP 525, RR 5, WINN PE 6	
CITY-ST-ZIP	CANADA r2c- 2z2	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, TED	
STREET ADDRESS	PO BOX 4 GRP 525, RR 5, WINN PE 6	
CITY-ST-ZIP	CANADA r2c- 2z2	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGSWORTH, SUSAN	
STREET ADDRESS	9911 FRANKLIN RD	
CITY-ST-ZIP	HOUSTON TX 77070	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	RUGLIE, JIM	
STREET ADDRESS	4000 85TH AVE. N	
CITY-ST-ZIP	MINNEAPOLIS MN 55443	
TITLE	ED	<input type="checkbox"/> Delete
NAME	O'BRIEN, PATRICK	
STREET ADDRESS	11001 DANKA WAY NORTH, SUITE 1	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROGER	
STREET ADDRESS	14314 HORTON ST.	
CITY-ST-ZIP	OVERLAND PARK KS 66223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, SUSAN	
STREET ADDRESS	9911 FRANKLIN ROAD	
CITY-ST-ZIP	HOUSTON, TX 77070	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWELL, TOM	
STREET ADDRESS	1345 S. A CACIA AVE.	
CITY-ST-ZIP	FULLERTON, CA 92631	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DOUG	
STREET ADDRESS	1632 RT. 38, P.O. BOX 98	
CITY-ST-ZIP	MT. HOLLY, NJ 08060	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULGIN, RON	
STREET ADDRESS	124 CALVARY STREET	
CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIEST, CHRIS	
STREET ADDRESS	2470 CONESTOGA AVENUE	
CITY-ST-ZIP	HONEY BROOK, PA 19344	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Patrick A. O'Brien*

PATRICK A. O'BRIEN

2-14-06

727-577-5004