

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000013

FILED
Apr 28, 2006
Secretary of State

Entity Name: ASA ENGINEERING AND SURVEYING, INC.

Current Principal Place of Business:

105 W CENTRAL AVE
VALDOSTA, GA 31601

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 430
VALDOSTA, GA 31603

New Mailing Address:

FEI Number: 58-2321457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITMAN, TOMAS B
269 NE RIDGE LOOP
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SLONE, ALBERT E
Address: 107 A W CENTRAL AVE
City-St-Zip: VALDOSTA, GA 31601

Title: D () Delete
Name: KENT, WILLIAM D
Address: 2213 S SHERWOOD DR
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: GUESS, ADAM J
Address: 105 SUNNYMEADE DR
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: MOXLEY, JEFF D
Address: 1987 SEMINOLE DR
City-St-Zip: VALDOSTA, GA 31601

Title: S () Delete
Name: SLONE, AMY D
Address: 107A W CENTRAL AVE
City-St-Zip: VALDOSTA, GA 31601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SLONE, ALBERT E
Address: 107 A W CENTRAL AVE
City-St-Zip: VALDOSTA, GA 31601

Title: VP (X) Change () Addition
Name: KENT, WILLIAM D
Address: 2213 S SHERWOOD DR
City-St-Zip: VALDOSTA, GA 31602

Title: DIR (X) Change () Addition
Name: GUESS, ADAM J
Address: 105 SUNNYMEADE DR
City-St-Zip: VALDOSTA, GA 31602

Title: GM (X) Change () Addition
Name: MOXLEY, JEFF D
Address: 1987 SEMINOLE DR
City-St-Zip: VALDOSTA, GA 31601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF D. MOXLEY

GM

04/28/2006

Electronic Signature of Signing Officer or Director

Date