

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90117 004 \*\*\*150.00  
F57023


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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
**50054697**



06292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F57023</b>			
1. Entity Name <b>A S R CONSTRUCTION, INC.</b>			
Principal Place of Business 6880 46 AVE N. SURTE 250 ST PETERSBURG, FL 33709		Mailing Address 366 145TH AVE. MADEIRA BEACH, FL 33708 US	
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 <b>59-2144196</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RICHARDS-MCCLAIN, SUSAN 366 145TH AVENUE MADEIRA BCH., FL 33708</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 re-registering) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLAIN, KENNETH W 366 145TH AVENUE MADERIA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Susan Richards-McClain</b> <b>366 145th Ave</b> <b>madeira Bch, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDS-MCCLAIN, SUSAN 366 145TH AVE MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kenneth W. McClain</b> <b>366 145th Ave</b> <b>madeira Beach FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary - Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Susan Richards-McClain</b> <b>366-145th Ave</b> <b>madeira Beach, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		6/29/05 727-692-8679	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR <b>Susan Richards-McClain</b>		Date: 6/29/05 Phone: 727-692-8679	