

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57023

FILED
Apr 03, 2007
Secretary of State

Entity Name: A S R CONSTRUCTION, INC.

Current Principal Place of Business:

6880 46 AVE N.
SUITE 250
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

366 145TH AVE.
MADEIRA BEACH, FL 33708 US

New Mailing Address:

PO BOX 86413
ST. PETERSBURG, FL 33708 US

FEI Number: 59-2144196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS-MCCLAIN, SUSAN
366 145TH AVENUE
MADEIRA BCH., FL 33708 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: PST () Delete
Name: MCCLAIN-RICHARDS, SUSAN
Address: 366 145TH AVENUE
City-St-Zip: MADERIA BEACH, FL 33708

Title: VPT () Delete
Name: MCCLAIN, KENNETH W
Address: 366 145TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SUSAN RICHARDS-MCCLAIN

PST

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date