
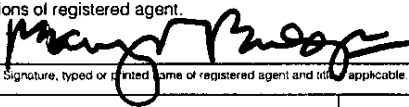
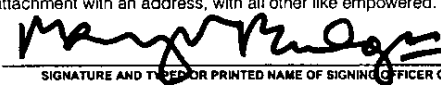


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59141 1. Entity Name ASSOCIATED INDUSTRIES OF FLORIDA SERVICE CORPORATION					
Principal Place of Business 516 N ADAMS ST TALLAHASSEE, FL 32301 US			Mailing Address P.O. BOX 784 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2146922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEBEL, JON L. 516 NORTH ADAMS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Bishop, Barney T. III Street Address (P.O. Box Number is Not Acceptable) 516 North Adams Street City Tallahassee, FL Zip Code 32302	
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:  DATE: 04/26/2006 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZAGORAC, MICHAEL J 13300 INDIAN ROCKS RD #1204 LARGO, FL 337742012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zagorac, Michael Jr.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEBEL, JON L. 516 N. ADAMS STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CEO/D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KEESLER, ALLEN J. JR. 1345 SNELL HARBOR DRIVE NE ST. PETERSBURG, FL 337043033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400073984114 05/04/06--01015--025 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RINGHAVER, LANCE C 9797 GIBSONTON DRIVE RIVERVIEW, FL 33569 <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 checked="" type="checkbox"/> Addition P Bishop, Barney T. III 516 North Adams Street Tallahassee, FL 32302		
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 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 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: 		04/26/2006 (850) 224-7173 <small>Date Daytime Phone #</small>			

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