


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # H40740	
1. Entity Name ASSOCIATED SERVICES AND SUPPLIES, INC.	

Principal Place of Business 742 W. MADISON ST TALLAHASSEE, FL 32304	Mailing Address P O BOX 5805 TALLAHASSEE, FL 32314
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2486483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALSH, MARY
742 W. MADISON ST
TALLAHASSEE, FL 32304**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000841519 03/10/08-80022-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE V	WALSH, ROBERT H. 742 W. MADISON ST TALLAHASSEE, FL 32304
TITLE PT	WALSH, MARY F. 742 W. MADISON ST TALLAHASSEE, FL 32304
TITLE S	WALSH, SHERRY 742 W MADISON ST. TALLAHASSEE, FL 32304
TITLE V	WALSH, JOSEPH 742 W MADISON ST TALLAHASSEE, FL 32304
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

**DO NOT WRITE
IN THIS SPACE**

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: *Mary Walsh* **2/25/08** **850 681 3148**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #