


**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 AUG - 1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L48302
1. Entity Name
ARCHITECTURAL SPECIALTIES TRADING CO.



Principal Place of Business Mailing Address
310 HICKORY ST 310 HICKORY ST
PENSACOLA, FL 32505 US PENSACOLA, FL 32505 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



06042008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2986941 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLOURNOY, JAMES E
310 HICKORY STREET
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent
Name Beggs & Lane, PLLP
Street Address (P.O. Box Number is Not Acceptable) 501 Commendeneia Street
City Pensacola FL Zip Code 32502

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 Bret M. Kanis, Attorney June 5, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FLOURNOY, JAMES E 310 HICKORY STREET PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC Jeffrey S. Taggart 310 Hickory Street Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FONTENOT, WILLIAM S 100 AVENIDA 23 PENSACOLA BCH., FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomas J. Stevens 4878 N. Magnolia Avenue Chicago, IL 60640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Matthew S. Stevens 4878 N. Magnolia Avenue Chicago, IL 60640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Edna M. Howard 4878 N. Magnolia Avenue Chicago, IL 60640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500134020735 08/06/08--01014--006 **\$61.25 <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 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: [Signature] CEO 6-5-08 850-603-3150
Signature, typed or printed name of signing officer or director Date Daytime Phone #

8/4/08