


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N27351 1. Entity Name AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.	
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Principal Place of Business 1532 SILVER RIDGE DR CANTONMENT, FL 32533 US	Mailing Address 1532 SILVER RIDGE DR CANTONMENT, FL 32533 US
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2911963	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 STROEHL, JAMIE 1532 SILVER RIDGE DR CANTONMENT, FL 32533
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVES, BO 4904 W SPENCER FIELD RD. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WONDERS, ED 375 N 9TH AVE. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAIT, DOUG 3605 N DAVIS HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, CHIP 4139 N DAVIS HWY. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, PHIL 6665 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAGHON, KIMBERLEY 3155 GATEWAY LANE CANTONMENT, FL 32533

000000315510
04/19/05-80U37-020 61.25

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IN THIS SPACE**

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 617, 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: <u>Kimberley Taghon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/15/05</u> <small>Date</small>	<u>(850) 968-5566</u> <small>Daytime Phone #</small>
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