
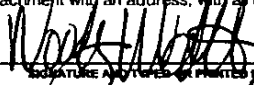


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90183 041 ****61.25

DOCUMENT # N27351 1. Entity Name AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 1532 SILVER RIDGE DR CANTONMENT, FL 32533 US			Mailing Address 1532 SILVER RIDGE DR CANTONMENT, FL 32533 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2911963	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STROEHL, JAMIE 1532 SILVER RIDGE DR CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROVES, BO		NAME	Woody Waters	
STREET ADDRESS	4904 W SPENCER FIELD RD.		STREET ADDRESS	Pensacola Glass Company	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	3901 N. Palafox Pensacola, Florida 32503	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WONDERS, ED		NAME	Ed Wonders	
STREET ADDRESS	375 N 9TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAIT, DOUG		NAME	Rick Edwards	
STREET ADDRESS	3605 N DAVIS HWY		STREET ADDRESS	18 Stumpfield Road	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Pensacola Florida 32503	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, CHIP		NAME		
STREET ADDRESS	4139 N DAVIS HWY.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, PHIL		NAME		
STREET ADDRESS	6665 CHUMUCKLA HWY		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAGHON, KIMBERLEY		NAME	Billy Mayne	
STREET ADDRESS	3155 GATEWAY LANE		STREET ADDRESS	4904 West Spencer Field Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pace, Florida 32513	
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 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: 			Date 4-28-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					