

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29562

FILED  
Mar 19, 2008  
Secretary of State

**Entity Name:** AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

910 CHARLES STREET  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 CHARLES STREET  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 65-0142025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAUSNIGHT, PHILLIP J  
910 CHARLES STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MITCHELL, STEVE  
Address: 129 ROBIN RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VPD ( ) Delete  
Name: WALLS, SCOTT  
Address: 4603 REECE RD  
City-St-Zip: PLANT CITY, FL 33566 US

Title: SD ( ) Delete  
Name: DOYLE, CHARLIE  
Address: 4324 HALIFAX TERRACE  
City-St-Zip: ROSWELL, GA 30075 US

Title: TD ( ) Delete  
Name: FAUSNIGHT, PHILLIP J  
Address: 412 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP J FAUSNIGHT

TD

03/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date