

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29562

**FILED**  
**Jan 06, 2010**  
**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  
Name: WALLS, SCOTT  
Address: 4603 REECE RD  
City-St-Zip: PLANT CITY, FL 33566 US

Title: VPD  
Name: FAUSNIGHT, PHILLIP J  
Address: 412 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP J FAUSNIGHT

VPD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date