

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2006
Secretary of State**

DOCUMENT# N33056

Entity Name: AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

4125 PECAN BRANCH ROAD
TALLAHASSEE, FL 323095558 US

New Principal Place of Business:

Current Mailing Address:

4125 PECAN BRANCH ROAD
TALLAHASSEE, FL 323095558 US

New Mailing Address:

FEI Number: 30-0131892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, DEBORAH E
4125 PECAN BRANCH RD.
TALLAHASSEE, FL 32309 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: PPD () Delete
Name: DOYLE, GREG
Address: 6251 44TH ST N #1921
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete
Name: WILDE, JACK
Address: 12600 AUTOMOBILE ROAD
City-St-Zip: TAMPA, FL 33762

Title: PD () Delete
Name: THOMAS, ROBERT
Address: 3861 EDWARDS ST
City-St-Zip: FT MYERS, FL 33916

Title: SD (X) Delete
Name: THOMPSON, GAY
Address: P.O. BOX 823
City-St-Zip: FORT MYERS, FL 33902

Title: TD (X) Delete
Name: LUTKA, PAUL
Address: 1540 ABER ROAD
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILDE, JACK
Address: 12600 AUTOMOBILE ROAD
City-St-Zip: TAMPA, FL 33762

Title: VD (X) Change () Addition
Name: NELSON, ELIZABETH
Address: 1004 DUKE STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: TD (X) Change () Addition
Name: LUTKA, PAUL
Address: 1540 ABER ROAD
City-St-Zip: ORLANDO, FL 32807

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 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: ELIZABETH C. NELSON

VD

02/13/2006

Electronic Signature of Signing Officer or Director

Date