2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003855

1. Entity Name
NATIONAL ASSOCIATION OF SHOW TRUCKS, INC.

Principal Place of Business	Mailing Address
23227 FREEDOM AVE STE 7 CHARLOTTE HARBOR, FL 33980 US	P O BOX 36097 PENSACOLA, FL 32516

U00000497162
04/22/06-80039-014 61.25

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3329358
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAWAY, MARY M PA
1600 NORTH PALAFOX STREET
PENSACOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HITCHCOCK, BRIAN
STREET ADDRESS	672 N -M 52
CITY-ST-ZIP	WEBBERVILLE, MI 48892
TITLE	S
NAME	KEMNER, GINA
STREET ADDRESS	25600 E. MARION AVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	V
NAME	TROUT, BO
STREET ADDRESS	1505 WINDDANCER STREET
CITY-ST-ZIP	TECUMSEH, MI 49266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Matthew Brian Hitchcock PRESIDENT 4-3-06 877-521 8124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #