2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

				Secretary of State
1. Entity Nam	MENT # N95000003 AL ASSOCIATION OF SHO			04-06-2007 90045 040 ****61.25
Principal Plac 23227 FREE STE 7 CHARLOTTE		Mailing Address P O BOX 36097 PENSACOLA, FL 32516		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.	_	03282007 Chg-NP CR2E037 (12/06)
City & State	e	City & State		4. FEI Number Applied For 59-3329358 Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CALLAWA	Y, MARY M PA		Name	
	TH PALAFOX STREET DLA, FL 32501		Street Addre	ess (P.O. Box Number is Not Acceptable)
1			City	₽ Zip Code
8 The above	named entity submits this statement for	r the purpose of changing its ro		FL Zip Code pistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.	the purpose of changing its re	gistered office of reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signature rec	quired when reinstating) DATE
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees Florida Department of State
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Cor	naign Financing ntribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE PD HITCHCOCK, BRIAN 672 N -M 52	9. Election Camp Trust Fund Cor	naign Financing ntribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIS PD HITCHCOCK, BRIAN 672 N -M 52 WEBBERVILLE, MI 48892 S KEMNER, GINA 25600 E. MARION AVE	9. Election Camp Trust Fund Cor RECTORS Delete	naign Financing ntribution. 11. IITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees
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12. I hereby certify that the information supplied with this filling 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: Local Bo Trout (Pres) 4-1-07 5/7 424 4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Object

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

port

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # N95000003855 ATTACHMENT NATIONAL ASSOCIATION OF SHOW TRUCKS, INC. Principal Place of Business Mailing Address P 0 BOX 36097 23227 FREEDOM AVE PENSACOLA, FL 32516 STE 7 40052485 CHARLOTTE HARBOR, FL 33980 03132007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3329358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALLAWAY, MARY M PA DO NOT WRITE 1600 NORTH PALAFOX STREET PENSACOLA, FL 32501 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. PD TITLE NAME HITCHCOCK, BRIAN STREET ADORESS 672 N -M 52 CITY-ST-ZIP WEBBERVILLE, MI 48892 TITLE KEMNER, GINA NAME STREET ADDRESS 25600 E. MARION AVE CITY-ST-ZIP PUNTA GORDA, FL 33982 TITLE NAME TROUT, BO STREET ADDRESS 1505 WINDDANCER STREET DO NOT WRITE CITY-ST-ZIP TECUMSEH, MI 49286 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

So Trout (Pres)