

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003855

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF SHOW TRUCKS, INC.

**Current Principal Place of Business:**

23227 FREEDOM AVE  
STE 7  
CHARLOTTE HARBOR, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 36097  
PENSACOLA, FL 32516

**New Mailing Address:**

**FEI Number:** 59-3329358      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CALLAWAY, MARY M PA  
1600 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 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: TROUT, BO  
Address: 1505 WINDDANCER TRAIL  
City-St-Zip: TECUMSEH, MI 49206

Title: S ( ) Delete  
Name: FINEGAN, TERI  
Address: P O BOX 463  
City-St-Zip: LITCHFIELD, MI 49252

Title: V ( ) Delete  
Name: FINEGAN, NEIL  
Address: P O BOX 463  
City-St-Zip: LITCHFIELD, MI 49252

**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:

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: TERI FINEGAN

S

05/01/2009

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

\_\_\_\_\_  
Date