

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90748 035 ****70.00

DOCUMENT # N97000003795

1. Entity Name

THE AMERICAN SPECIALTY CONTRACTORS OF
FLORIDA, INC.



Principal Place of Business

1661 TRADE CENTER WAY
2
NAPLES FL 34109

Mailing Address

1661 TRADE CENTER WAY
2
NAPLES FL 34109

2. Principal Place of Business

1661 TRADE CENTER WAY

Suite, Apt. #, etc.

SUITE 2

3. Mailing Address

1661 TRADE CENTER WAY

Suite, Apt. #, etc.

SUITE 2

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

USA

Zip

34109

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-3455621

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHANSON, KENT A
3541 BONITA BAY BLVD
STE 100
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kent Johanson

(Signature, typed or printed name of registered agent and title if applicable.)

Kent Johanson

(NOTE: Registered Agent signature required when reinstating.)

3/5/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DELDUCA, MIKE
STREET ADDRESS 5780 TAYLOR ROAD
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE VD
NAME RYAN, BILL
STREET ADDRESS PO BOX 110009
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE SD
NAME DEMARCO, CARLA
STREET ADDRESS 3527 DOMESTIC AVENUE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VD
NAME MONNOT, RAY
STREET ADDRESS 5467 YAHN ST.
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE TD
NAME SMART, SAMUEL
STREET ADDRESS 2318 J+C BLVD.
CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME RAY MONNOT
STREET ADDRESS 5467 YAHN STREET
CITY-ST-ZIP NAPLES, FL 34109

TITLE VD ☒ Change ☐ Addition
NAME BARBARA GOODENOUGH
STREET ADDRESS 3173 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP NAPLES, FL 34104

TITLE VD ☒ Change ☐ Addition
NAME GARY BEAUMONT
STREET ADDRESS 4584 MERCANTILE AVE., SUITE E
CITY-ST-ZIP NAPLES, FL 34104

TITLE SD ☒ Change ☐ Addition
NAME DAVE GOODENOUGH
STREET ADDRESS 3173 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP NAPLES, FL 34104

TITLE TD ☒ Change ☐ Addition
NAME SUSAN CHRISTOPHER, CPA
STREET ADDRESS 1044 CASTLE DRIVE, SUITE #101/102
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

Pick O. Feldt

PICK O. FELDT - EXECUTIVE DIRECTOR

4/27/04

239-594-8847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #