

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003795

FILED
Jan 18, 2005
Secretary of State

Entity Name: THE AMERICAN SPECIALTY CONTRACTORS OF FLORIDA, INC.

Current Principal Place of Business:

1661 TRADE CENTER WAY
2
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1661 TRADE CENTER WAY
2
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3455621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANSON, KENT A
3541 BONITA BAY BLVD
STE 100
BONITA SPRINGS, FL 34134 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: MONNOT, RAY
Address: 5467 YAHL STREET
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: GOODENOUGH, BARBARA
Address: 3173 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: BEAUMONT, GARY
Address: 4584 MERCANTILE AVE., SUITE E
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: GOODENOUGH, DAVE
Address: 3173 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: CHRISTOPHER, SUSAN CPA
Address: 1044 CASTELLA DRIVE, SUITE #101/102
City-St-Zip: NAPLES, FL 34103

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CHRISTOPHER, SUSAN CPA
Address: 1044 CASTELLO DRIVE, SUITE #101/102
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. SMITH

ED

01/18/2005

Electronic Signature of Signing Officer or Director

Date