


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 046 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3455621	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONNOT, RAY 5467 YAHL STREET NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barbara Goodenough 3173 S. Horseshoe Dr. Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODENOUGH, BARBARA 3173 SOUTH HORSESHOE DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sam Smart 2318 J & C Blvd Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEAUMONT, GARY 4584 MERCANTILE AVE., SUITE E NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kari Whittemore 2780 S. Horseshoe Dr. #2 Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODENOUGH, DAVE 3173 SOUTH HORSESHOE DRIVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sean Mahoney 222 Industrial Blvd #176 Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTOPHER, SUSAN CPA 1044 CASTELLO DRIVE, SUITE #101/102 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carrie Gnerre 3601 Arnold Ave Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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: <u>Sam Smart</u> 01/09/06 239-598-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					