

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003795

FILED
Apr 27, 2007
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:

GOODNEOUGH, BARBARA D
3173 S. HORSESHOE DR.
NAPLES, FL 34104 US

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: BARBARA GOODENOUGH

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SMART, SAM
Address: 2318 J & C BOULEVARD
City-St-Zip: NAPLES, FL 34109

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

Title: D () Delete
Name: WHITEMORE, KARI
Address: 2780 SOUTH HORSESHOE DRIVE SUITE 2
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: MAHONEY, SEAN
Address: 222 INDUSTRIAL BOULEVARD SUITE 176
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: GNERRE, CARRIE
Address: 3601 ARNOLD AVENUE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOODENOUGH, DAVE
Address: 3173 S. HORSESHOE DR.
City-St-Zip: NAPLES, FL 34104 US

Title: D (X) Change () Addition
Name: STONEBURNER, ROB D
Address: 999 VANDERBILT BCH RD., #507
City-St-Zip: NAPLES, FL 34108 US

Title: D (X) Change () Addition
Name: GOODENOUGH, BARBARA
Address: 3173 S. HORSESHOE DR.
City-St-Zip: NAPLES, FL 34104 US

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: BARBARA GOODENOUGH

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date