

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000013787

1. Entity Name
A & S CONSTRUCTION AND DEVELOPMENT, INC.



Principal Place of Business

20 OLD FERRY ROAD
SHALIMAR, FL 32579

Mailing Address

20 OLD FERRY ROAD
SHALIMAR, FL 32579

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0595151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL & RUNNELS, P.A.
36468 EMERALD COAST PARKWAY
SUITE 2101
DESTIN, FL 32541

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADEN, CLINT 20 OLD FERRY ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADEN, SHANNON 20 OLD FERRY ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAFFIELD, HARRY 405 LEE LN DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAFFIELD, ANNE 405 LEE LN DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000004413
01/15/04-80012-004 150.00

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IN THIS SPACE**

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 607, 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 *Shannon Aden / Shannon Aden* **1/12/04 850-609-1343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #