## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000013787

SHAFFIELD, ANNE

DESTIN, FL 32541

405 LEE LN

Name:

Address:

City-St-Zip:

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

FILED Jan 25, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ERRY ROAD R, FL 32579				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
20 OLD FERRY ROAD SHALIMAR, FL 32579			P.O. BOX 87 SHALIMAR, FL 3257	P.O. BOX 87 SHALIMAR, FL 32579-008	
FEI Number:	01-0595151	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
36468 EME SUITE 210	JNNELS, P.A. ERALD COAS 11 'L 32541 US	Γ PARKWAY			
	named entity see of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () ADEN, CLINT 20 OLD FERRY SHALIMAR, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) ADEN, SHANNO 20 OLD FERRY SHALIMAR, FL	'ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ) SHAFFIELD, HA 405 LEE LN DESTIN, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()	Delete	Title:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHANNON ADEN P 01/25/2005