

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013787

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



SECRET
DIVISION OF STATE
RECORDS & HISTORY

06 FEB -2 AM 10:16

Principal Place of Business
20 OLD FERRY ROAD
SHALIMAR, FL 32579

Mailing Address
P.O. BOX 87
SHALIMAR, FL 32579

2. Principal Place of Business
1775 Lewis Turner Blvd
Suite, Apt. #, etc.
Suite 101

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ft Walton Beach FL

City & State

Zip
32547

Country
USA

Zip

Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0595151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ADEN, SHANNON
20 OLD FERRY ROAD
SHALIMAR, FL 32579 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHAFFIELD, HARRY
405 LEE LN
DESTIN, FL 32541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHAFFIELD, ANNE
405 LEE LN
DESTIN, FL 32541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Aden, Timothy C
17 Piquito Rd
Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Aden, Shannon
17 Piquito Rd
Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Shaffield, H
5403 Blackfoot
Crestview, FL 32536 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Shaffield, Anne
5403 Blackfoot
Crestview, FL 32536 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

850-862-7944

Daytime Phone #