## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000013787

Title:

Name:

Address:

City-St-Zip:

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

FILED Mar 14, 2007 Secretary of State

		NOTICO HOIVAND BEVE	LOT WILLTEN,	1140.					
Current Principal Place of Business:				New Principal Place of Business:					
SUITE 202	IS TURNER B ON BEACH, FL								
Current Mailing Address:				New Mailing Address:					
SUITE 202	IS TURNER B ON BEACH, FL								
FEI Number: 01-0595151 FEI Number Applied For ( )				I Number Not Applicable ( )			rtificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
36468 EMB SUITE 210	UNNELS, P.A. ERALD COAS 11 EL 32541 US	ΓPARKWAY							
	named entity s e of Florida.	submits this statement for th	e purpose o	of changing i	ts registere	d office or r	egistered age	nt, or both,	
SIGNATU									
Flection Car		iic Signature of Registered / g Trust Fund Contribution ( ).	Agent				Date		
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANG	ES TO OFF	ICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () ADEN, TIMOTH 17 POQUITO R SHALIMAR, FL	D		Title: Name: Address: City-St-Zip:	T ADEN, TIMO 17 POQUITO SHALIMAR,	O RD	( ) Addition		
Title: Name: Address: City-St-Zip:	P () ADEN, SHANNO 17 POQUITO R SHALIMAR, FL	D		Title: Name: Address: City-St-Zip:	S ADEN, SHA 17 POQUIT SHALIMAR,	O RD	( ) Addition		
Title: Name: Address: City-St-Zip:	T ( ) SHAFFIELD, J   5403 BLACKFO CRESTVIEW, F	ООТ		Title: Name: Address: Citv-St-Zip:	P SHAFFIELD 5403 BLAC CRESTVIEN	•	( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHANNON ADEN MGR 03/14/2007

() Delete

SHAFFIELD, ANNE

5403 BLACKFOOT

CRESTVIEW, FL 32536

() Change () Addition