

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112804

Entity Name: A.S.N.A. CONSTRUCTION, INC.

FILED
Jul 31, 2006
Secretary of State

Current Principal Place of Business:

3160 SIXMA ROAD
DELTONA, FL 32738

New Principal Place of Business:

3160 SIXMA ROAD
LAKE HELEN, FL 32744

Current Mailing Address:

3160 SIXMA ROAD
DELTONA, FL 32738

New Mailing Address:

3160 SIXMA ROAD
LAKE HELEN, FL 32744

FEI Number: 01-0750884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINCAID, SHARON R
3160 SIXMA ROAD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

KINCAID, SHARON R
3160 SIXMA ROAD
LAKE HELEN, FL 32744 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: SHARON R KINCAID

07/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINCAID, ALAN B
Address: 3160 SIXMA ROAD
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: KINCAID, SHARON R
Address: 3160 SIXMA ROAD
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KINCAID, ALAN B
Address: 3160 SIXMA ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: S (X) Change () Addition
Name: KINCAID, SHARON R
Address: 3160 SIXMA ROAD
City-St-Zip: DELTONA, FL 32738

Title: VP () Change (X) Addition
Name: JUSTICE, STEPHEN M II
Address: 2340 DUMAS DR.
City-St-Zip: DELTONA, FL 32738

Title: TD () Change (X) Addition
Name: FEKEITH, HARVEY R
Address: 3091 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

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.

SIGNATURE: SHARON R KINCAID

S

07/31/2006

Electronic Signature of Signing Officer or Director

Date