

**2005 FOR PROFIT CORPORATION  
-ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90041 015 \*\*\*150.00

**DOCUMENT # P03000033897**

1. Entity Name  
**AMERICAN SERVICE & COMPANY, INC.**



Principal Place of Business

~~2768 FAIRINGDON DR~~  
~~TALLAHASSEE, FL 32303~~

*277-Magnolia Ridge*  
*Crawfordville, FL 32327*

Mailing Address

~~2768 FAIRINGDON DR~~  
~~TALLAHASSEE, FL 32303~~

*same*



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **37-1459527** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~MARCIONETTE, KEN C~~  
~~2768 FAIRINGDON DR~~  
~~TALLAHASSEE, FL 32303~~

*277-Magnolia Ridge*  
*Crawfordville, FL 32327*

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCIONETTE, KEN C
STREET ADDRESS	<del>2768 FAIRINGDON DR</del>
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32303</del>
TITLE	V
NAME	MARCIONETTE, HEATHER
STREET ADDRESS	298 WEST 98
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	T
NAME	CLOUGH, CHAD
STREET ADDRESS	298 WEST 98
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	P
NAME	<i>Marcionette, Ken C</i>
STREET ADDRESS	<i>277-Magnolia Ridge</i>
CITY-ST-ZIP	<i>Crawfordville, FL 32327</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Ken C Marcionette* *Ken C Marcionette* 3/26/05 850-514-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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