

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-16-2006 90058 050 \*\*\*150.00

P05000019829

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 30 AM 7:39



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000019829</b> 1. Entity Name <b>ASSOCIATED SERVICES &amp; PRODUCTS INC</b>					
Principal Place of Business <b>1454 TURKEY LN KISSIMMEE FL 34746</b>			Mailing Address <b>1454 TURKEY LN KISSIMMEE FL 34746</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>1815 Brown St.</b> Suite, Apt. #, etc.		
City & State			City & State <b>KISSIMMEE, FL.</b>		
Zip <b>34741</b>		Country <b>USA</b>		4. FEI Number <b>20-2341416</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FMI ACCOUNTING SERVICE 2343 HEATHER AVE KISSIMMEE FL 34744</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P OLSON, BRIAN 1454 TURKEY LN KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Brian Olson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>2-1-06</b>		Daytime Phone #: <b>321-624-2349</b>