

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90018 045 ***150.00

DOCUMENT # P07000079708 1. Filing Name: ASC TECHNOLOGIES, INC.					
2. Principal Place of Business - No P.O. Box # 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315 US				Mailing Address 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315 US	
Suite, Apt. # etc. City & State Zip 				Suite, Apt. # etc. City & State Zip 	
3. Mailing Address Suite, Apt. # etc. City & State Zip 				4. FE Number 56-2671923 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KIDD, TINA M 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315	
7. Name and Address of New Registered Agent Name 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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when re-instating)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Effect of Change of Trust Fund Contribution ☐ \$5.00 May be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIDD, TINA M 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIDD, ROBERT L 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT KIDD, ROBERT L 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA KIDD, TINA M 1104 TANGELO ISLE FORT LAUDERDALE, FL 33315	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further, certify that the information indicated on this report or supplemental report is true and accurate and that the person signing this report is the owner, president, secretary, treasurer, or a duly authorized officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that this name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: <i>Tina M. Kidd</i> TINA M Kidd 954-764-0494 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/12/08 Daytime Phone #					