

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000030614

Entity Name: ASB ASSOCIATES, INC.

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11035 S. BEAR CREEK RD  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

11035 S. BEAR CREEK RD  
PANAMA CITY, FL 32404

**New Mailing Address:**

FEI Number: 80-0591298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOLT, SAMUEL L  
11035 S. BEAR CREEK RD  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: HOLT, SAMUEL L  
Address: 11035 S. BEAR CREEK RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: VP  
Name: HOLT, BELINDA K  
Address: 11035 S. BEAR CREEK RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: T  
Name: RAMSEY, AMANDA K  
Address: 9216 BEEMER ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: S  
Name: SNYDER, SAMANTHA N  
Address: 1813 GEORGIA CT  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL L. HOLT

PRES

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date