


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000061514</b>		
1. Entity Name <b>ASSOCIATED SUPPLY CORPORATION OF THE CARIBBEAN</b>		
Principal Place of Business <b>2417 SE DIXIE HWY. STUART, FL 34996</b>	Mailing Address <b>2417 SE DIXIE HWY. STUART, FL 34996</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DALE, MICHAEL L ESQ. 2616 S.E. WILLOUGHBY BLVD. STUART, FL 34994</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, JAMES H. 3452 NE CAUSEWAY BLVD. #204 JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHURCH, HARRISON A. 3452 NE CAUSEWAY BLVD. #403 JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u><i>James H. Barton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>772-283-7793</b> <i>April 24, 2006</i> <small>Date Daytime Phone #</small>



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

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

U00000531217  
05/06/06-80029-014 150.00

**DO NOT WRITE  
IN THIS SPACE**