

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090091

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: A & S CONSTRUCTION, INC.

**Current Principal Place of Business:**

PO BOX 49207  
SAINT PETERSBURG, FL 33743

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 49207  
SAINT PETERSBURG, FL 33743

**New Mailing Address:**

FEI Number: 59-3322131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARP, SABRINA  
PO BOX 49207  
SAINT PETERSBURG, FL 33743

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIS, AL  
Address: PO BOX 49207  
City-St-Zip: ST PETERSBURG, FL 33743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SHARP, SABRINA  
Address: PO BOX 49207  
City-St-Zip: ST PETE, FL 33743

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SABRINA SHARP

VP

04/30/2004

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

\_\_\_\_\_  
Date