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# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

06 MAR 10 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000027966**

1. Entity Name  
**AMERICAN SPACEFRAME FABRICATORS, INC.**



Principal Place of Business  
9030 W. FT. ISLAND TR  
STE 11B  
CRYSTAL RIVER, FL 34429

Mailing Address  
P.O. BOX 130  
CRYSTAL RIVER, FL 34423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3501011**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TOMLINSON, CURTIS C**  
9030 W FORT ISLAND TRAIL  
SUITE 11B  
CRYSTAL RIVER, FL 34429

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMLINSON, CURTIS C	
STREET ADDRESS	P O BOX 130	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLANAGEN, RONALD J	
STREET ADDRESS	2845 N. HAMLIN AVE -STE 100	
CITY-ST-ZIP	SAINT PAUL, MN 55113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800069161108</b>	
CITY-ST-ZIP	<b>03/31/06--01032--003 **350.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Curtis C. Tomlinson, Pres. Date: 2/14/06 Daytime Phone #: 352-564-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR