


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S33541
 1. Entity Name
 ASSOCIATED SUPPLIES UNLIMITED, NC.



Principal Place of Business
 1349 WEST OLIVE STREET
 LAKELAND, FL 33815

Mailing Address
 1349 WEST OLIVE STREET
 LAKELAND, FL 33815

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3051398 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ODOM, OWEN EVERETT
 1349 WEST OLIVE STREET
 LAKELAND, FL 33802

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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 _____
Signature typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

1100000381661
 01/11/06-80064-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ODOM, OWEN EVERETT
STREET ADDRESS	5212 STONE OAKS DR
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	ST
NAME	WILKEY, CARL
STREET ADDRESS	PO BOX 155
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carl Wilkey **CARL WILKEY S.T.** 1/6/06 863-682-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #