


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 656745 1. Entity Name ASPEN ASSOCIATES, INC.	
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Principal Place of Business 805 DOUGLAS AVENUE SUITE 161 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 805 DOUGLAS AVENUE SUITE 161 ALTAMONTE SPRINGS, FL 32714 US
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03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1977504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, GARY
292 U.S. HIGHWAY 17-92
FERN?PARK, FL 32730

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTO, RICHARD L 1141 SWEET HEATHER LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTO, BARBARA 1141 SWEET HEATHER LANE APOPKA, FL 32712
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03/21/08-80048-006 150.00

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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: Richard Otto RICHARD OTTO 3/4/08 407-774-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #