


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # M93319 1. Entity Name AS/GBI CORPORATION	
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Principal Place of Business % GATOR BOWL INN 455 HAINES STREET JACKSONVILLE, FL 32202	Mailing Address % GATOR BOWL INN 455 HAINES STREET JACKSONVILLE, FL 32202
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02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2928962	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

LEPRELL, SAMUEL L.
SUITE 201 ST MANNS PLACE
1930 SAN MARCO BLVD
JACKSONVILLE, FL 32207

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DPST SHAH, ARVIND % 455 HAINES STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DESAI BHAGIRATH C/O 455 HAINES STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAH, JASHWANT 455 HAINES ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/15/07-80021-018 150.00

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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:  **3-3-07** **904 353 8231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #