



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90041 004 \*\*\*\*61.25

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # N97000007214  |  |                             |   |
| 1. Entity Name<br>ASK FIRST SOCIETY, INC.  |  |  |   |
| Principal Place of Business<br>6081 FOUR STAR FARM RD<br>MOLINO, FL 32577  |  | Mailing Address<br>6081 FOUR STAR FARM RD<br>MOLINO, FL 32577  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| FRITTS, DOFIN A<br>6081 FOUR STAR FARM RD<br>MOLINO, FL 32577  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2004  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| Make check payable to Florida Department of State  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BREWER, GARY<br>497 EDISON CT- STE C<br>SUISUN CITY, CA 94585 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>BRUTY, PAUL<br>BOX 1313 MAILE CENTRE BALLBRAT<br>BALLARAT, VICTORIA 3354, <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>DE VRIES, ALIDA<br>5135 N. SPRING DR<br>ROANOKE, VA 24019 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>FRITTS, DOFIN<br>6081 FOUR STAR FARM RD<br>MOLINO, FL 32577 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:    |  | Date: 7 May 04 Daytime Phone #: 2578679446   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |