

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094961

FILED  
May 01, 2005  
Secretary of State

Entity Name: ASSISTED SERVICES FOR PEOPLE'S EVERYDAY NEEDS, INC.

**Current Principal Place of Business:**

4524 MARLIN LN  
PALMETTO, FL 34221

**New Principal Place of Business:**

3 MICHIANA PLACE  
TERRA CEIA, FL 34250

**Current Mailing Address:**

4524 MARLIN LN  
PALMETTO, FL 34221

**New Mailing Address:**

P O BOX 417  
TERRA CEIA, FL 34250

FEI Number: 01-0742982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEIGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: EDWARDS, DEBORAH S  
Address: 4524 MARLIN LN  
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete  
Name: EDWARDS, TROY A  
Address: 4524 MARLIN LN  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: EDWARDS, DEBORAH S  
Address: 3 MICHIANA PLACE  
City-St-Zip: TERRA CEIA, FL 34250

Title: VD (X) Change ( ) Addition  
Name: EDWARDS, TROY A  
Address: 3 MICHIANA PLACE  
City-St-Zip: TERRA CEIA, FL 34250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH S EDWARDS

PSTD

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date