


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90025 016 ***150.00

DOCUMENT # P03000110914			
1. Entity Name JOHN W ASUNTO INC.			
Principal Place of Business 154 OAKTREE DR DEBARY FL 32713		Mailing Address 154 OAKTREE DR DEBARY FL 32713	
2. Principal Place of Business <i>154 OAKTREE</i>		3. Mailing Address <i>154 OAKTREE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>DEBARY FLA</i>		City & State <i>DEBARY FLA</i>	
Zip <i>32713</i>	Country <i>USA</i>	Zip <i>32713</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent ASUNTO, JOHN W 154 OAKTREE DR DEBARY FL 32713		7. Name and Address of New Registered Agent Name <i>JOHN ASUNTO INC</i> Street Address (P.O. Box Number is Not Acceptable) <i>154 OAKTREE</i> City <i>DEBARY</i> FL Zip Code <i>32713</i>	
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 <i>John W. Asunto</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ASUNTO, JOHN W PRES 154OAKTREE DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **86-1083492** Applied For Not Applicable

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

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 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: *John W. Asunto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #