

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063456

FILED
Apr 13, 2004
Secretary of State

Entity Name: 401K ASP, INC.

Current Principal Place of Business:

4511 N. HIMES AVE., SUITE 150
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4511 N. HIMES AVE., SUITE 150
TAMPA, FL 33614

New Mailing Address:

FEI Number: 81-0557695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, R. REID
101 E. KENNEDY BLVD., #4100
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRTLAND, PETER
Address: 9306 EXPOSITION DR
City-St-Zip: TAMPA, FL 33626

Title: VDS () Delete
Name: OLSON, JAMES
Address: 240 SAN BENITO #11
City-St-Zip: SAN BRUNO, CA 94066

Title: VDT () Delete
Name: GOTTFRIED, MICHAEL
Address: 502 S. FREMONT AVE #307
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRTLAND, PETER
Address: 9306 EXPOSITION DR
City-St-Zip: TAMPA, FL 33626

Title: VDS (X) Change () Addition
Name: OLSON, JAMES
Address: 4511 N. HIMES AVE #150
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL GOTTFRIED

VDT

04/13/2004

Electronic Signature of Signing Officer or Director

Date