


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000074515 1. Entity Name ASLAN'S ENTERPRISES, INC.	
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Principal Place of Business 350 SECOND AVE. SOUTH JACKSONVILLE BEACH, FL 32250	Mailing Address 350 SECOND AVE. SOUTH JACKSONVILLE BEACH, FL 32250
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3215165	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOE, WILLIAM G JR 599 ATLANTIC BLVD., SUITE 6 ATLANTIC BEACH, FL 32233	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASLANI, ASLAN E 350 SECOND AVE S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STYERS, ALETA A 350 SECOND AVE S JACKSONVILLE BCH, FL
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02/01/05-80039-007 158.75

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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:  1/27/05 904-241-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #