


03-08-2005 90177 020 ***150.00

DOCUMENT # P97000057372 1. Entity Name THE ASKEW GROUP, INC.				Secretary of State 03-08-2005 90177 020 ***150.00	
Principal Place of Business 15429 N FLOIRDA AVE TAMPA FL 33618 236 Plantation Springs Dr Florence, AL 35630		Mailing Address 14632 VILLAGE GLEN CIRCLE TAMPA FL 33618 ← SAME			
2. Principal Place of Business 236 Plantation Springs Dr Suite, Apt. #, etc.		3. Mailing Address 236 Plantation Springs Dr Suite, Apt. #, etc.			
City & State Florence, AL Zip 35630 Country USA		City & State Florence, AL Zip 35630 Country USA		4. FEI Number 59-3454541 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASKEW, MARY JOYCE 3706 BRICKELL Court 15429 N FLOIRDA AVE 236 Plantation Springs TAMPA FL 33618 Florence, AL 35630 346039 Land O Lakes, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASKEW, MARY, J 15429 N FLOIRDA AVE 236 Plantation Springs TAMPA FL 33618 FLORENCE, AL 35630	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Mary Joyce Askew SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/4/05 Date		
			256-764-5495 Daytime Phone #		