


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90047 008 ****61.25

DOCUMENT # 717725			
1. Entity Name ASBURY ARMS, INC.			
Principal Place of Business 1430 DIXON BLVD. COCOA FL 32922		Mailing Address 1430 DIXON BLVD. COCOA FL 32922	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 23-7070334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOTEN, LELAND W JR. 670 NORTH COURTENAY PKWY MERRITT ISLAND FL 32953		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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINNER, WILLIAM R 1002 BARTON BLVD ROCKLEDGE FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perrin, Floyd 104 Dudley Dr. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEFFIELD, MARLANNA 1388 INDIAN OAKS BLVD. ROCKLEDGE FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGaffic, Rev. Dave 3 N. Hardee Circle Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, SANDRA B. 2816 TULANE DRIVE COCOA FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell, Carl C. 1493 Rockledge Dr. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, WADE A 275 EAGLE LANE M.I. FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larrabee, Carl 2622 Horseshoe Ct. Cocoa, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, NANCY 4420 HARTVILLE AVE COCOA FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Harold 16 Bonaventure Ct. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN JR, LELAND 2167 HEDGEROW DR MERRITT ISLAND FL 32953	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 617, 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: *Sandra Patrick* Sandra Patrick 2/16/04 632-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #