


ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 041 ****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
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

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

WOOTEN, LELAND W JR.
 670 NORTH COURTENAY PKWY
 MERRITT ISLAND, FL 32953

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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's signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, WADE 275 EAGLE LANE MERRIT ISLAND, FL 32957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGAFFIC, DAVE REV 3 N. HARDEE CIRCLE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, CARL C 1002 BARTON BLVD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRABEE, CARL 2622 HORSESHOE CT. 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	T GIEL, BARBARA R 200 MARLIN DR MERRITT ISLAND, FL 32952

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____