


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90328 029 ****61.25

DOCUMENT # 767688

1. Entity Name
ASGHSMO ASSEMBLY, INCORPORATED



Principal Place of Business 245 HOPSON ROAD P.O. BOX 6 FROSTPROOF, FL 33843	Mailing Address 245 HOPSON ROAD P.O. BOX 6 FROSTPROOF, FL 33843
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50039622



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1733796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, PATRICIA
170 MIRACLE PLACE
FROSTPROOF, FL 33843

**DO NOT WRITE
IN THIS SPACE**

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 Nelson, Patricia is deceased as of June 1, 2004 / DATE 4/14/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD NELSON, JAMES C. 170 MIRACLE PLACE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NELSON, PATRICIA A. 170 MIRACLE PLACE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, CAROLYN 32 ROOSEVELT AVE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, DARRELL 56 KELLYRIDGE RD. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, CLARENCE 30 TEMPLE COURT FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOBBS, JANET 28 MONROE STREET P.O. BOX 1141 FROSTPROOF, FL

**DO NOT WRITE
IN THIS SPACE**

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: Carlynn Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/14/2005 Daytime Phone # 863.635.9238